OCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address)		200603150043 Skagit County Auditor 3/15/2006 Page 1 of 3 9:2000				
Skagit State Bank 301 E Fairhäven Ave, P O Box 285 Burlington, WA 98233		E ABOVE SPACE IS FOR FILING OFFICE USE C	2 9:20AM			
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1 ORGANIZATION'S NAME	la or 1b) - do not abbreviate or combine r	names				
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME CARLA	MIDDLE NAME	SUFFIX			
1c MAILING ADDRESS PO BOX 532	CONCRETE	STATE POSTAL CODE WA 98237-0532	COUNTRY			
1d SEE INSTRUCTIONS ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR Individual	11 JURISDICTION OF ORGANIZA	TION 1g. ORGANIZATIONAL ID #, if any	NONE			
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one Call ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX			
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY			
2d SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNE	21. JURISDICTION OF ORGANIZA DR S/P) - insert only one secured party no		NONE			
3a. ORGANIZATION'S NAME						
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX			
3c. MAILING ADDRESS 301 E. Fairhaven Ave, P O Box 285	CITY Burlington	STATE POSTAL CODE WA 98233	COUNTRY			
4. This FINANCING STATEMENT covers the following collateral: 1960 NASHU Mobile Home 50/10 (Serial Number UTB2585 additions, replacements, and substitutions relating to any of relating to any of the foregoing (including insurance, general awnings, and skirting). P64124, P64123, P64125	f the foregoing; all records of I intangibles and accounts pro	any kind relating to any of the foregoing; oceeds); including all built-in appliances, o	all proceeds			
	MAN CONTRACTOR					
P64124, P64123, P64125 Lots 63 to 65 inc Skagit "						

	ENT ADDENDUM	,				
UCC FINANCING STATEMI FOLLOW INSTRUCTIONS (front and back)						
9. NAME OF FIRST DEBTOR (1a or 1b)		EMENT				
9a, ORGANIZATION'S NAME						
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
LEE \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	CARLA	Α				
10, MISCELLANEOUS:						
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		j				
		'	ш			
A DESTABLE DESTABLE EVACE CL	urred have				IS FOR FILING OF	FICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FU	ILL LEGAL NAIVIE - Insert only one na	ame (11a or 11b) - do not abore	vate or compline hair	les		
OP	- Samuel All Market					
OR 115. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
THE HARLING MEDICEDS	<u> </u>					
11d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION		111 JURISDICTION OF ORGA	NIZATION	11g. OR	GANIZATIONAL ID#,	·
DEBTOR		<u> </u>		1		NONE
12. ADDITIONAL SECURED PART	Y'S or ASSIGNOR S/P'S	NAME - insert only one name	(12a or 12b)			
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS	· · · · · · · · · · · · · · · · · · ·	СІТУ	proceedings and the second	STATE	POSTAL CODE	COUNTRY
					<u></u>	
13. This FINANCING STATEMENT covers to toollateral, or is filed as a fixture filing.	timber to be cut or as-extracted	16. Additional collateral descr	iption:			
14. Description of real estate:		,				
Lots 63 to 65, inclusive, "CEDARG as per plat recorded in Volume 9 of						
51, inclusive, records of Skagit Co	ounty, Washington.					
Situate in the County of Skagit, St	ate of Washington.	1			, A.	
P64124, P64123	DUIDE					
TUTION, TUTIOS	1, 104125		**************************************	Maryadi Maryadi		
) Marke van de	HR ARRE ENGLEW	PA (M) VAN ONG BOW GOVE STAGE	
			20	060	3150043	INI MAN
		}	3/15/2006 P	git Col	inty Auditor	
15. Name and address of a RECORD OWNER of			age 	2 of	2 9:20AM	
(if Debtor does not have a record interest):						
		17 Check only if continued in	od abade only to t			<u> 44,0,</u>
		17. Check only if applicable at Debtor is a Trust or 1			operty held in trust	or Decedent's Estate
		18. Check <u>only</u> if applicable a				
		Debtor is a TRANSMITTING		_		
		Filed in connection with a l			-	
		ILI www				