

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY



200603240143

Skagit County Auditor

3/24/2006 Page 1 of 2 11:38AM

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Frontier Bank
Real Estate Commercial Mortgage Division
332 SW Everett Mall Way
Everett, WA 98204

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME
State Street Retail Center, LLC

OR

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS
9623 32nd St. S E Building D

CITY: Everett STATE: WA POSTAL CODE: 98205 COUNTRY: USA

1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION LLC 1f. JURISDICTION OF ORGANIZATION WA 1g. ORGANIZATIONAL ID #, if any 602 255 044 ☐ NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. 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 ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any ☐ NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME
Frontier Bank

OR

3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS
332 SW Everett Mall Way

CITY: Everett STATE: WA POSTAL CODE: 98204 COUNTRY: USA

4. This FINANCING STATEMENT covers the following collateral:
All Fixtures; used in the operation of a Kid's N'Us pre-school, whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds).

FIRST AMERICAN TITLE CO.
87534-3

LEGAL: S 29 T 34 R 4 PTN NW SW 340429-0-034-0003

5. ALTERNATIVE DESIGNATION (if applicable): ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON-UCC FILING

6. ☒ This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum ☐ 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional) ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

8. OPTIONAL FILER REFERENCE DATA

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| | | |
|---|----------------------------|---------------------|
| 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT | | |
| 9a. ORGANIZATION'S NAME | | |
| State Street Retail Center, LLC | | |
| OR | 9b. INDIVIDUAL'S LAST NAME | FIRST NAME |
| | | MIDDLE NAME, SUFFIX |

| | | |
|--------------------|--|--|
| 10. MISCELLANEOUS: | | |
| | | |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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|--|-----------------------------------|---------------------------|-----------------------------------|----------------------------------|
| 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names | | | | |
| 11a. ORGANIZATION'S NAME | | | | |
| OR | 11b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| 11c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| | | | | COUNTRY |
| 11d. SEE INSTRUCTIONS | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION | 11g. ORGANIZATIONAL ID #, if any |
| | | | | <input type="checkbox"/> NONE |

| | | | | |
|---|-----------------------------|------------|-------------|-------------|
| 12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b) | | | | |
| 12a. ORGANIZATION'S NAME | | | | |
| OR | 12b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| 12c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| | | | | COUNTRY |

| | |
|--|--|
| 13. This FINANCING STATEMENT covers <input type="checkbox"/> timber to be cut or <input type="checkbox"/> as-extracted collateral, or is filed as a <input checked="" type="checkbox"/> fixture filing. | 16. Additional collateral description: |
| 14. Description of real estate: Parcel A of "SOUTH MOUNT VERNON BUSINESS PARK BOUNDARY LINE ADJUSTMENT LU 06-012"; survey recorded under Auditor's File No. 200602030192, being a portion of the Northwest 1/4 of the Southwest 1/4 of Section 29, Township 34 North, Range 4 East, W.M. Parcel B of "SOUTH MOUNT VERNON BUSINESS PARK BOUNDARY LINE ADJUSTMENT LU 06-012", survey recorded under Auditor's File No. 200602030192, being a portion of the Northwest 1/4 of the Southwest 1/4 of Section 29, Township 34 North, Range 4 East, W.M. **TAX PARCEL #340429-0-034-0003, 15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest): | 17. Check only if applicable and check only one box: Debtor is a <input type="checkbox"/> Trust or <input type="checkbox"/> Trustee acting with respect to property held in trust or <input type="checkbox"/> Decedent's Estate 18. Check only if applicable and check only one box: <input type="checkbox"/> Debtor is a TRANSMITTING UTILITY <input type="checkbox"/> Filed in connection with a Manufactured-Home Transaction - effective 30 years <input type="checkbox"/> Filed in connection with a Public-Finance Transaction - effective for 30 years |



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