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JCC FINANCING	STATEMEN	JT.			I	
OLLOW INSTRUCTIONS				TURINA KUNTURI		
A. NAME & PHONE OF CO	ONTACT AT FILER	t [optional]		Skagit (County Audito	r
B. SEND ACKNOWLEDGA	MENT TO: (Name	and Address)	4/11	1/ 2006 Page		2 3:32PM
PEOPLES B	BANK					
PHONE: (3	860) 848-8872					
= :	RSIDE DRIVE ERNON, WA 98	1273	į			
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	general de la companya					
	The state of the s	A 14.		AMD TITLE OF	BARBLE Comme.	
			THE ABOV	/E SPACE IS FO	R FILING OFFICE US	E ONLY
		- insert only one debtor name (1a or	r 1b) - do not abbreviate or combine names		- 	
1a. ORGANIZATION'S NAI					-	
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TO, INDIVIDUALS LAST N	IANE		THO THINK	, initial control of the control of	·· ···· <u>-</u>	
c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
125 E SHARON AVE			BURLINGTON	WA	98233-2229	USA
Id. SEE INSTRUCTIONS	TADD'L INFO RE T	16. TYPE OF ORGANIZATION	16 JURISDICTION OF ORGANIZATION	1g. ORG/	NIZATIONAL ID#, if any	
d. <u>DEC INSTITUTE</u>	ORGANIZATION	Corporation	√wa ∞	602 2	94 007	Пиои
ADDITIONAL DEBTOR		EGAL NAME insert only one de	ebtor name (2a or 2b) - do not abbreviate or co	ombine names		
2a. ORGANIZATION'S NAI		LOAL HARE - Insultany big as				
2b. INDIVIDUAL'S LAST N	NAME		FIRST NAME	MIDDLE I	IAME	SUFFIX
2c. MAILING ADDRESS		· · · · · · · · · · · · · · · · · · ·	CITY	STATE	POSTAL CODE	COUNTRY
			<u>l 3< 7/1 </u>			
2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG/	ANIZATIONAL ID#, if any	_
	DEBTOR		<u> </u>			NON
		TOTAL ASSIGNEE of ASSIGNOR S	S/P) - insert only one secured party name (3a	or 3b)		
3a. ORGANIZATION'S NA	'WE	•		Janear Com.		
PEOPLES BANK	NAME		The same of the sa	***************************************	IA LAT	
ZUMBAL INIDIR/IDITATIO LACT N			IEIRST NAME	MIDDLE	NAIVIE	SUFFIX
36. INDIVIDUAL'S LAST N			FIRST NAME	MIDDLE	NAME	SUFFIX
36, INDIVIDUALS LAST N			FIRST NAME	MIDDLE	POSTAL CODE	SUFFIX
36. INDIVIDUAL'S LAST N		FRSIDE DRIVE	CITY	STATE	POSTAL CODE	COUNTRY
36, INDIVIDUALS LAST N					·	
36. MAILING ADDRESS PHONE: (360) 848-84 4. This FINANCING STATEMENT All Fixtures; whether to any of the foregoin insurance, general into	8872, 1801 RIVI ENT covers the followin any of the foreg ng; all records of tangibles and ac	ng collateral: going is owned now or ac f any kind relating to any counts proceeds).	MOUNT VERNON equired later; all accessions, addit of the foregoing; all proceeds reli	STATE WA tions, replacen	98273 nents, and substitution the foregoing (income	COUNTRY USA utions relating
36. MAILING ADDRESS PHONE: (360) 848-84 4. This FINANCING STATEMER All Fixtures; whether to any of the foregoin insurance, general into	8872, 1801 RIVI	going collateral: going is owned now or ac f any kind relating to any counts proceeds).	MOUNT VERNON equired later; all accessions, addit of the foregoing; all proceeds reliable.	STATE WA tions, replacen	98273 nents, and substitution the foregoing (income	COUNTRY USA utions relating cluding
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LLOW INSTRUCTIONS (front and back) CAREFULLY NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCIN	NG STATEMENT		
Sa ORGANIZATION'S NAME	10 CTATEMENT		
ALL ABOUT HEARING, INC.			
9b, INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX		
MISCELLANEOUS:			
		ABOVE SPACE IS FOR FILING OF	FICE USE ONLY
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - inserts	only one name (11a or 11b) - do not abbreviate or com	nbine names	
	e de la companya de		
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	<u> </u>	OTATE TROOPS OFF	COUNTRY
o Mailing Address		STATE POSTAL CODE	COUNTRY
SEE INSTRUCTIONS ADD'L INFO RE 11e, TYPE OF ORGANIZA	ATION 111 JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #,	if any
ORGANIZATION DEBTOR	<u> </u>		П.
12a, ORGANIZATION'S NAME			
12d, ORGANIZATION O NAME			
1	FIRST NAME	MIDDLE NAME	SUFFIX
12b. INDIVIDUAL'S LAST NAME	FIRST NAME CITY	MIDDLE NAME STATE POSTAL CODE	SUFFIX
Tab. INDIVIDUAL'S LAST NAME C. MAILING ADDRESS			
This FINANCING STATEMENT covers timber to be cut or as-ext collateral, or is filed as a fixture filing.	tracted 16. Additional collateral description: CK 1 TON",		
This FINANCING STATEMENT covers timber to be cut or as-ext collateral, or is filled as a State of the EAST 55 FEET OF LOTS 9 AND 10, BLOCKNUTZEN'S ADDITION TO THE TOWN OF BURLINGT AS PER PLAT RECORDED IN VOLUME 3 OF PLATS,	tracted 16. Additional collateral description: CK 1 FON", PAGE		
This FINANCING STATEMENT covers timber to be cut or as-ext collateral, or is filed as a fixture filing. THE EAST 55 FEET OF LOTS 9 AND 10, BLOCK KNUTZEN'S ADDITION TO THE TOWN OF BURLING'S PER PLAT RECORDED IN VOLUME 3 OF PLATS, 10, RECORDS OF SKAGIT COUNTY, WASHINGTON.	tracted 16. Additional collateral description: CK 1 FON", PAGE		
This FINANCING STATEMENT covers timber to be cut or as-ext collateral, or is filed as a Statute filing. THE EAST 55 FEET OF LOTS 9 AND 10, BLOCKNUTZEN'S ADDITION TO THE TOWN OF BURLING'S PER PLAT RECORDED IN VOLUME 3 OF PLATS, O, RECORDS OF SKAGIT COUNTY, WASHINGTON.	tracted 16. Additional collateral description: CK 1 FON", PAGE	STATE POSTAL CODE	СОЦИТЯ
This FINANCING STATEMENT covers timber to be cut or as-ext collateral, or is filed as a fixture filing. THE EAST 55 FEET OF LOTS 9 AND 10, BLOCK KNUTZEN'S ADDITION TO THE TOWN OF BURLING'S PER PLAT RECORDED IN VOLUME 3 OF PLATS, 10, RECORDS OF SKAGIT COUNTY, WASHINGTON.	tracted 16. Additional collateral description: CK 1 FON", PAGE Y OF	STATE POSTAL CODE 2 0 0 6 0 4 1 1 0 1 0 Skagit County Audito	COUNTRY
This FINANCING STATEMENT covers timber to be cut or as-ext collateral, or is filled as a Description of real estate: HE EAST 55 FEET OF LOTS 9 AND 10, BLOCKNUTZEN'S ADDITION TO THE TOWN OF BURLINGT AS PER PLAT RECORDED IN VOLUME 3 OF PLATS, IO, RECORDS OF SKAGIT COUNTY, WASHINGTON, COUNTY KAGIT, STATE OF WASHINGTON NAME AND ADDITION OF BURLINGTON, COUNTY KAGIT, STATE OF WASHINGTON Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest): PAYID C. MORELAND 04 E FAIRHAVEN AVENUE	tracted 16. Additional collateral description: CK 1 FON", PAGE Y OF	STATE POSTAL CODE 2 0 0 6 0 4 1 1 0 1 0 Skagit County Audito 2006 Page 2 of	СОЦИТЯ
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