UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY Skagit County Auditor A NAME & PHONE OF CONTACT AT FILER [optional] 2 9:23AM 10/26/2006 Page 1 of B. SEND ACKNOWLEDGMENT TO: (Name and Address) Skagit State Bank Attn: Loan Operations Center 301 E Fairhaven Ave, P O Box 285 Burlington, WA 98233 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names 1a ORGANIZATION'S NAME THE SKAGIT VALLEY FAMILY YMCA OR SLIFFIX 1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME STATE POSTAL CODE COUNTRY 1c. MAILING ADDRESS 98273-3309 USA MOUNT VERNON 215 E FULTON ST 1f JURISDICTION OF ORGANIZATION 1g ORGANIZATIONAL ID#, if any ADD'L INFO RE 1e TYPE OF ORGANIZATION 1d. SEE INSTRUCTIONS ORGANIZATION Association WA NONE DEBTOR 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 MIDDLE NAME SUFFIX OR 26. INDIVIDUAL'S LAST NAME FIRST NAME POSTAL CODE COUNTRY 2c. MAILING ADDRESS ADD'L INFO RE | 2e. TYPE OF ORGANIZATION ORGANIZATION 21 JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID#, if any 2d. SEE INSTRUCTIONS NONE DEBTOR 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 Skagit State Bank MIDDLE NAME SUFFIX 3b. INDIVIDUAL'S LAST NAME FIRST NAME STATE POSTAL CODE COUNTRY 3c MAILING ADDRESS WA 98233 USA 301 E. Fairhaven Ave, P O Box 285 Burlington 4. This FINANCING STATEMENT covers the following collateral: All Furniture and Fixtures; 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) L116780. AG. LIEN 5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum

Debtor 1

Debtor 2

All Debtors

8. OPTIONAL FILER REFERENCE DATA

DLLOW INSTRUCTIONS (front and back) CAREFULLY NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING S	TATEMENT				
9a ORGANIZATION'S NAME					
THE SKAGIT VALLEY FAMILY YMCA	lunoi e va e con	TELM			
96. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUF	FIX			
). MISCELLANEOUS:					
		THE ABO	VE SPACE	S FOR FILING OFFIC	E USE ONLY
1. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only	one name (11a or 11b) - do not at	obreviate or combine n	ames		
11a. ORGANIZATION'S NAME	<i>A</i>				
R TO INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
I NOIVIDUAL S EAST NAME					
1c MAILING ADDRESS	ату		STATE	POSTAL CODE	COUNTRY
1d. SEE INSTRUCTIONS ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	111. JURISDICTION OF OI	RGANIZATION	11g. OR	GANIZATIONAL ID #, if ar	лу Пионі
2. ADDITIONAL SECURED PARTY'S of ASSIGNOR S	P'S NAME - insert only one n	ame (12a or 12b)			
12a. ORGANIZATION'S NAME		V.			
R 12b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3. This FINANCING STATEMENT covers timber to be cut or as-extract collateral or is filled as a fixture filling. 4. Description of real estate:		escription:			
That portion of the Southwest 1/4 of the Southeast 1/4 of Section 16, Township 34 North, Range 4 East, W.M., described as follows:			55		
Commencing at the Southeast corner of said subdivision a shown on Survey recorded in Book 7 of Surveys, page 33, under Auditor's File No. 8702230031, records of Skagit County, Washington; thence North 00°18'10" East 723.0 feet along the East line of said subdivision; thence North 89°41'50" West 72.13 feet to the true point of beginning thence North 37°51'12" West 280.00 feet; thence South 52°08'48" West 275.00 feet; thence South 37°51'12" E 280.00 feet; thence North 52°08'48" East 275 feet to the true point of beginning.	2 ;				\
Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):	,	2 0 6 Skag 10/26/2006 P	jit Coun	ty Auditor	:23AM
	17. Check only if applications or Debtor is a Trust or			operty held in trust or	Decedent's Estate
	18. Check only if applicab	ole and check only one	box	***	A CONTRACTOR OF THE PARTY OF TH
	Debtor is a TRANSMIT		_	w e=	
	II I Edad in connection wit	th a Manufactured-Hor	ne Transactio	n - offective 30 years	