UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 66.	2-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	8694 IRWIN FRANCHISE
UCC Direct Services	9984370
P.O. Box 29071 Glendale, CA 91209-9071	WAWA FIXTURE
File with: CC WA Sk	adit. WA

Skagit County Auditor

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1 of

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			CC WA Skagit, WA	i			LING OFFICE USE ONLY	
1 10	BTOR'S EXACT FULL	LEGAL NAME -	insert only o <u>ne</u> debtor name (1a	or 1b) - đo not	abbreviate or combine name	s		
ſ	1a. ORGANIZATION'S NA EMERALD CITY	ME		 				
OR	1b. INDIVIDUAL'S LAST N	AME		FIRST NAME		MIDDLE		SUFFIX
	AILING ADDRESS 91ST AVENUE NE			EVERET		WA	98205	COUNTRY
_	EE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION CORPORATION		ON OF ORGANIZATION WA	601	ANIZATIONAL ID #, if any 362 096	NONE
2. Al	DDITIONAL DEBTOR'S	EXACT FULL LE	GAL NAME - insert only one_de	btor name (2a	or 2b) - do not abbreviate or	combine na	mes	
	2a. ORGANIZATION'S NA			4				
DR	2b. INDIVIDUAL'S LAST NAME Gettemy		Daniel		MIDDLE NAME		SUFFIX	
	L MAILING ADDRESS 91st Avenue NE			errett		STATE	POSTAL CODE 98205	COUNTRY
_	EE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	1	ON OF ORGANIZATION		GANIZATIONAL ID #, if any	NONE
3 S	ECURED PARTY'S NA	ME (or NAME of	TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert o	only one_secured party nam	e (3a or 3b)	
0. 0.	3a. ORGANIZATION'S NA Irwin Franchise C	ME				e _{ling} ,		
OR	3b. INDIVIDUAL'S LAST N	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
	 AILING ADDRESS 	enue		CITY Purchase		STATE NY	POSTAL CODE 15077	COUNTRY
4. Th	IS FINANCING STATEMEN	NT covers the follow	ing collateral:					

ALL FURNITURE, FIXTURES AND EQUIPMENT NOW OWNED OR HEREAFTER ACQUIRED, HELD OR USED BY DEBTOR IN THE OPERATION O A BURGER KING RESTAURANT AT THE LOCATION SHOWN BELOW, TOGETHER WITH ALL ADDITIONS TO, SUBSTITUTIONS FOR AND REPLACEMENTS THEREFOR, AND ALL PROCEEDS OF THE FOREGOING, CASH AND NON-CASH, INCLUDING, WITHOUT LIMITATION, INSURANCE PROCEEDS AND GENERAL INTANGIBLES. Collateral Location: 1010 14th Street, Anacortes, WA 98221 LOAN #20956-100 TB Legal Description: PARCEL 11, Lots 6 to 10 inclusive, Block 42, "City of Anacortes," according to the plat recorded in Volume 2 of plats, page 4, Records of Skagit County, Washington, PARCEL 12, Lot 11, Block 42, "City of Anacortes," according to the plat recorded in Volume 2 of plats, page 4, records of Skagit County, Washington, TOGETHER WITH that portion of vacated alley adjoining on the north. PARCEL 13, That portion of abandoned right of way of the Great Northern Railway Company in Government Lot 1, Section 19, Township 35 North, Range 2 Easat, W.M., bounded as follows: on the north by the north lines of Block 42, "City of Anacortes," according to the plat recorded in Volume 2 of Plats, page 4, Records of Skagit County, Washington extended westerly; on the east by the northeasterly line of said abandoned right of way; on the south by the westerly extension of the south line of said Block 42; on the west by the southwesterly line of said abandoned right of way and the east line of "O" Avenue, EXCEPT that portion lying between the extended north and south lines of the alley through said Block 42, parcel ID: 55120 55121 55122 55123

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 file	d (for record) (or recorded) in the REAL	7. Check to REQUEST SEARCH REPO	ORT(S) on Debtor(s) [optional]	All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA	III SAGIICOLUCI		<u> </u>	
9984370	20956-100	EME	ERALD CITY FOOD	S, INC.

INANCING STATEMENT ADDENDUM DILLOW INSTRUCTIONS (Front and back) CAREFULLY				
NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEM Top. ORGANIZATION'S NAME	ENT			
EMERALD CITY FOODS, INC.				
9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX			
. MISCELLANEOUS				
984370-WA-57				
694 IRWIN FRANCHISE				
0956-100				
MERALD CITY FOODS, INC.				
le with: CC WA Skagit, WA				C ONLY
	ome (fite or 11h), do not i	THE ABOVE SPACE IS I		EUNLY
. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name name name name name name name na	arile (11a or 11b) - do libra	DDIENNIE OF COMOTION HARM		
11b. INDIVIDUAL'S LAST NAME Bishop	FIRST NAME William	MIDDI	E NAME	SUFFIX
c. MAILING ADDRESS 303 91St Avenue NE	СПY Everett	STATI		COUNTRY
d. SEE INSTRUCTION ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION	11f. JURISDICTION OF ORG	GANIZATION 11g. (ORGANIZATIONAL ID#,	if any NONE
DEBTOR			<u></u>	
ADDITIONAL SECURED PARTY'S OF ASSIGNOR S/P'S NA	AME - insert only one name	e (12a or 12b)		
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDD	E NAME	SUFFIX
IC. MAILING ADDRESS	CITY	STAT.	E POSTAL CODE	COUNTRY
(c. lip (letto / 1867) 1255	1: //		}	
s. This FINANCING STATEMENT covers timber to be cut or as-extracted	16. Additional collateral des	cription:		·
collateral or is filed as a X fixture filing.				
. Description of real estate:				
escription: See Collateral Box for Legal Description; also			is a second	
nown as 1010 14th Street, Anacortes, WA 98221 (Skagit county, WA)			uA.	
oung, viry				
		 1418/1811 (1611/1818) (1611/1818) (1611/1818)		
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	1/4/2	1007 Page 2	0, 211.00	!
5. Name and address of a RECORD OWNER of above-described real estate				641
(if Debtor does not have a record interest):			<u> </u>	<u> 442.</u>
ourteenth Street Corp.	17. Check only if applicable	and check <u>only</u> one box. Trustee acting with respect to p	ropedy hold in trust or	or Decedent's Estat
	Debtor is a Trust or 18. Check only if applicable	<u> </u>	noperty field at trust - C	A DOCCOGNES ESIAL
	Debtor is a TRANSMIT			
		a Manufactured-Home Transac	tion effective 30 years	425
	·—	a Public-Finance Transaction -		