A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address)				200703090023				
B. SEND ACKNOWLEDG	MENT TO: (Name	and Address)		Skagit	it County Auditor			
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	DD, WA 98046	-9707	İ					
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. DEBTOR'S EXACT F	ULL LEGAL NAME	- insert only <u>one</u> debtor name (1a or 1b) - do not abbreviate or combine n	ames				
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IR 15. INDIVIDUAL'S LAST NAME			FIRST NAME	FIRST NAME MIDDLE NAM			AME SUFFIX	
Han			Hae	[Kyung			
c. MAILING ADDRESS			СПУ	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TATE	POSTAL CODE	COUNTRY	
28230 Military Road			Federal Way		WA	98003 NIZATIONAL ID #, if any	USA	
d. SEE INSTRUCTIONS	ORGANIZATION	1e. TYPE OF ORGANIZATION Individual	11. JURISDICTION OF ORGANIZAT	ION [1	ig. UKGA	(NIZATIONAL ID #, if any	×χ	
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Aloha Bar			<u> </u>				1	
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C. MAILING ADDRESS			Sedro Woolley		WA	98284		
214 Ferry Street					a. ORGA	ANIZATIONAL ID#, if any		
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214 Ferry Street	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION Individual	2f. JURISDICTION OF ORGANIZAT	10N [2	.		XN	
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Han \	Hae	Kyung			
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Name and address of a RECORD OWNER of a	above-described real estate				4) z
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(if Debtor does not have a record interest): unghi Kim		17. Check only if applicable and cl			<u> 4422.</u>

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