

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| |
|---|
| A. NAME & PHONE OF CONTACT AT FILER (optional) LOAN SERVICING 800-775-8015 |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) FIRST MUTUAL BANK PO BOX 1647 BELLEVUE, WA 98009-1647 |



200705080123

Skagit County Auditor

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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 | | | | | |
| OR | 1b. INDIVIDUAL'S LAST NAME FOWLER | | FIRST NAME THOMAS | MIDDLE NAME G | SUFFIX |
| 1c. MAILING ADDRESS 31457 S SKAGIT HWY | | CITY SEDRO WOOLLEY | STATE WA | POSTAL CODE 98284 | COUNTRY US |
| 1d. TAX ID #: SSN OR EIN | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION | 1g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> 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 FOWLER | | FIRST NAME JANET | MIDDLE NAME R | SUFFIX |
| 2c. MAILING ADDRESS 31457 S SKAGIT HWY | | CITY SEDRO WOOLLEY | STATE WA | POSTAL CODE 98284 | COUNTRY US |
| 2d. TAX ID #: SSN OR EIN | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> 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 FIRST MUTUAL BANK | | | | | |
| OR | 3b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX |
| 3c. MAILING ADDRESS PO BOX 1647 | | CITY BELLEVUE | STATE WA | POSTAL CODE 98009 | COUNTRY US |

4. This FINANCING STATEMENT covers the following collateral:

**WINDOWS AND SIDING
PARCEL ID: P42020**

ABBREV LEGAL: NORTH/2 OF NORTHEAST/4 OF NORTHWEST/4 OF NORTHWEST 1/4 OF SECT 29, TWSHP 35 NORTH, RNGE 6 EAST.

LEGAL: THE NORTH 1/2 OF THE NORTHEAST 1/4 OF THE NORTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 29, TOWNSHIP 35 NORTH, RANGE 6 EAST, W.M., EXCEPT ROADS.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON. FIXTURE FILING

ADDRESS: 31457 S SKAGIT HWY, SEDRO WOOLLEY, WA 98284

| | | | | | | |
|---|--|---------------------|---------------|--------------|----------|----------------|
| 5. ALTERNATIVE DESIGNATION (if applicable) | LESSEE/LESSOR | CONSIGNEE/CONSIGNOR | BAILEE/BAILOR | SELLER/BUYER | AG. LIEN | NON-UCC FILING |
| 6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable) | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional) | | All Debtors | Debtor 1 | Debtor 2 | |

8. OPTIONAL FILER REFERENCE DATA
FOWLER TG 52-113129-08

Skagit, WA 532