

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY



200705300012
Skagit County Auditor

5/30/2007 Page 1 of 3 9:51AM

A. NAME & PHONE OF CONTACT AT FILER [optional]
 Diligenz, Inc. 1-800-858-5294

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

26695293
 Diligenz, Inc.
 6500 Harbour Heights Pkwy, Suite 400
 Mukilteo, WA 98275

Filed In: Washington Skagit

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: STEORTS

FIRST NAME: GLEN

MIDDLE NAME: P

SUFFIX:

1c. MAILING ADDRESS: 201 MORRIS STREET

CITY: LACONNER

STATE: WA

POSTAL CODE: 98257

COUNTRY: USA

1d. SEE INSTRUCTIONS

ADD'L INFO RE ORGANIZATION DEBTOR

1e. TYPE OF ORGANIZATION: Individual

1f. JURISDICTION OF ORGANIZATION: WA

1g. ORGANIZATIONAL ID #, if any

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: STEORTS

FIRST NAME: CYNTHIA

MIDDLE NAME: D

SUFFIX:

2c. MAILING ADDRESS: 201 MORRIS STREET

CITY: LACONNER

STATE: WA

POSTAL CODE: 98257

COUNTRY: USA

2d. SEE INSTRUCTIONS

ADD'L INFO RE ORGANIZATION DEBTOR

2e. TYPE OF ORGANIZATION: Individual

2f. JURISDICTION OF ORGANIZATION: WA

2g. ORGANIZATIONAL ID #, if any

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: Whidbey Island Bank

OR

3b. INDIVIDUAL'S LAST NAME:

FIRST NAME:

MIDDLE NAME:

SUFFIX:

3c. MAILING ADDRESS: 1266 BOUSLOG ROAD

CITY: BURLINGTON

STATE: WA

POSTAL CODE: 98233

COUNTRY: USA

4. This FINANCING STATEMENT covers the following collateral:

All 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. See attached Exhibit "B"

This is related to Assessor's # 4124-006-001-0009/R74130 located at 201 Morris St., LaConner, WA 98257 as follows:
Lot 1 and the south 25 feet of Lot 2, Block 6, "Calhoun Addition to the Town of LaConner", as per plat recorded in volume 1 of plats, page 14, records of Skagit County, Washington.

Situate in the Town of LaConner, County of Skagit, State of Washington

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 filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (OPTIONAL FEE)

All Debtors

Debtor 1

Debtor 2

8. OPTIONAL FILER REFERENCE DATA

429001365

26695293

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME		
OR		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
STEORTS	GLEN	P

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME			
T.O.P.P. I.T. PIZZA			
OR			
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
201 E. MORRIS STREET		LACONNER	WA 98257 USA
11d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION
			WASHINGTON
			11g. ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME			
WHIDBEY ISLAND BANK			
OR			
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
1266 BOUSLOG ROAD		BURLINGTON	WA 98233 USA

13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.

14. Description of real estate:

16. Additional collateral description:



200705300012
Skagit County Auditor

5/30/2007 Page 2 of 3 9:51AM

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

17. Check only if applicable and check only one box.

Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate.

18. Check only if applicable and check only one box.

- Debtor is a TRANSMITTING UTILITY
- Filed in connection with a Manufactured-Home Transaction — effective 30 years
- Filed in connection with a Public-Finance Transaction — effective 30 years

EXHIBIT 'B'

“The Loan secured by this lien was made under a United States Small Business Administration (SBA) nationwide program which uses tax dollars to assist small business owners. If the United States is seeking to enforce this document, then under SBA regulations:

- a) When SBA is the holder of the Note, this document and all documents evidencing or securing this Loan will be construed in accordance with federal law.
- b) Lender or SBA may use local or state procedures for purposes such as filing papers, recording documents, giving notice, foreclosing liens, and other purposes. By using these procedures, SBA does not waive any federal immunity from local or state control, penalty, tax or liability. No Borrower or Guarantor may claim or assert against SBA any local or state law to deny any obligation of Borrower, or defeat any claim of SBA with respect to this Loan.

Any clause in this document requiring arbitration is not enforceable when SBA is the holder of the Note secured by this instrument.”



200705300012
Skagit County Auditor
5/30/2007 Page 3 of 3 9:51AM