



200707310038
Skagit County Auditor
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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
CSC Diligenz, Inc. 1-800-858-5294

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

27968002
CSC 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
QUALITY SEAFOOD SERVICES L.L.C.

OR

1b. INDIVIDUAL'S LAST NAME

| | | |
|------------|-------------|--------|
| FIRST NAME | MIDDLE NAME | SUFFIX |
| | | |

1c. MAILING ADDRESS
424 E GREENLEAF AVENUE

| | | | |
|---------------------------|--------------------|-----------------------------|-----------------------|
| CITY BURLINGTON | STATE WA | POSTAL CODE 98233 | COUNTRY USA |
|---------------------------|--------------------|-----------------------------|-----------------------|

1d. SEE INSTRUCTIONS

| | | | |
|-----------------------------------|--|---|---|
| ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION LLC | 1f. JURISDICTION OF ORGANIZATION WA | 1g. ORGANIZATIONAL ID #, if any <input checked="" 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

| | | |
|------------|-------------|--------|
| FIRST NAME | MIDDLE NAME | SUFFIX |
| | | |

2c. MAILING ADDRESS

| | | | |
|------|-------|-------------|---------|
| CITY | STATE | POSTAL CODE | COUNTRY |
| | | | |

2d. SEE INSTRUCTIONS

| | | | |
|-----------------------------------|--------------------------|----------------------------------|--|
| 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
Whidbey Island Bank

OR

3b. INDIVIDUAL'S LAST NAME

| | | |
|------------|-------------|--------|
| FIRST NAME | MIDDLE NAME | SUFFIX |
| | | |

3c. MAILING ADDRESS
PO Box 1589

| | | | |
|---------------------------|--------------------|-----------------------------|-----------------------|
| CITY Oak Harbor | STATE WA | POSTAL CODE 98277 | COUNTRY USA |
|---------------------------|--------------------|-----------------------------|-----------------------|

4. This FINANCING STATEMENT covers the following collateral:
ALL FIXTURES AND LEASEHOLD IMPROVEMENTS LOCATED AT 424 E GREENLEAF AVENUE, BULINGTON, WA 98233, PARCEL #P71795 IN SKAGIT COUNTY; 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)

Lot 4 BL 72 Burlington etal

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 (if applicable)

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

8. OPTIONAL FILER REFERENCE DATA

QUALITY SEAFOOD SERVICES L.L.C. **27968002**

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 QUALITY SEAFOOD SERVICES L.L.C. | | | |
| OR | 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX |

10. MISCELLANEOUS:

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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 | | | | | |
| OR | 11b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX | |
| 11c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |
| 11d. <u>SEE INSTRUCTIONS</u> | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION | 11g. ORGANIZATIONAL ID #, if any | <input 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 | | | | | |
| OR | 12b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX | |
| 12c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |

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:
BURLINGTON, (DK12) NORTH 1/2 VACATED ALLEY ADJACENT TO LOT 4, ALSO LOT 4 TO 6, BLOCK 72. EXCEPT (ROAD R/W AF# 9604040097) A PORTION OF LOT 6, BLOCK 72, DESCRIBED AS FOLLOWS: BEGINNING AT THE NORTHWEST CORNER OF SAID LOT 6, THENCE SOUTHERLY ALONG THE WEST LINE OF SAID LOT A DISTANCE OF 11 FEET; THENCE NORTHEASTERLY TO A POINT ON THE NORTH LINE OF SAID LOT, WHICH IS 11 FEET EASTERLY OF SAID NORTHWEST CORNER; THENCE WESTERLY ALONG THE NORTH LINE

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

16. Additional collateral description:



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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