FOLLOW INSTRUCTION A NAME & PHONE OF	IG STATEMENT  DINS (front and back) CAREFULLY  CONTACT AT FILER (optional)  DIGMENT TO: (Name and Address)		200708060202 Skagit County Auditor			
UniBank 16929 Hwy Lynnwood, Attn: Anna	99, Ste 110 WA 98037	Th	8/6/2007 Pa	ge 1 of	2 3:56PN	
OR 16. INDIVIDUAL'S LAS	IT NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
1c. MAILING ADDRESS 4	5284 STATE ROUTE 20	CONCRETE	STATE WA	POSTAL CODE 98237	COUNTRY	
1d. SEE INSTRUCTIONS	ADD'L INFO RE 19. TYPE OF ORGANIZATIO ORGANIZATION CORp.	N 11/JURISDICTION OF ORGANIZ	1 =	ANIZATIONAL ID#, If any 34879	NONE	
	OR'S EXACT FULL LEGAL NAME - insert only NAME LOGGERS LANDING	one debtor name (2a or 2b) - do not abbre	viate or combine names			
OR 2b. INDIVIDUAL'S LAS	T NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
2c. MAILING ADDRESS 4	5284 STATE ROUTE 20	CONCRETE	STATE WA	POSTAL CODE 98237	COUNTRY	
2d. SEE INSTRUCTIONS	ADD'L INFO RE 28. TYPE OF ORGANIZATIO ORGANIZATION COrp.	N 21. JURISDICTION OF ORGANIZA	ATION 2g. ORG	ANIZATIONAL ID #, if any 602734879	None	
3. SECURED PARTY	"S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN	SNOR S/P) - insert only one secured party	name (3a or 3b)			
	UNIBANK					
OR 36. INDIVIDUAL'S LAS	TNAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
Bc. MAILING ADDRESS	929 HWY 99, SUITE 110	LYNNWOOD	STATE WA	POSTAL CODE 98037	COUNTRY	
ALL FIXTURES; W REPLACEMENTS ANY OF THE FOR INTANGIBLES AN PARCEL NO.: P70	MENT covers the following collatoral:  /HETHER ANY OF THE FOREGOIN  , AND SUBSTITUTIONS RELATING  EGOING; ALL PROCEEDS RELAT  D OTHER ACCOUNTS PROCEEDS  933  :GAL DESCRIPTION: LOTS 14-17,	OTO ANY OF THE FOREGO ING TO ANY OF THE FORE S).	DING; ALL RECOR	DS OF ANY KIND	RELATING TO	

CC FINANCING STATEMENT LLOW INSTRUCTIONS (front and back) CARE							
NAME OF FIRST DEBTOR (1a or 1b) ON REI	ATED FINANCING STATE	EMENT					
98. ORGANIZATION'S NAME NA JU CORPO	RATION						
9b. INDIVIDUAL'S LAST NAME FIR	STNAME	MIDDLE NAME, SUFFIX					
MISOFIT & NEOLIS			THE ABOVE	SPACE	IS FOR FILING OF	FICE USE ONLY	
ADDITIONAL DEBTOR'S EXACT FULL LEG	AL NAME - insert only one riar	ne (11a or 11b) - do nol abbrevi	ate or combine name	es			
11a. ORGANIZATION'S NAME	and the second	ering.					
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX	
MAILING ADDRESS		CITY .		STATE	POSTAL CODE	COLINTRY	
SEE INSTRUCTIONS ADD'L INFO RE 116. T ORGANIZATION DEBTOR	YPE OF ORGANIZATION	11f JURISDICTION OF ORGA	NIZATION	11g ORG	BANIZATIONAL ID #,	if any	
ADDITIONAL SECURED PARTY'S of 128, ORGANIZATION'S NAME	ASSIGNOR S/P'S	NAME - insert only <u>one</u> name	12a or 12b)				
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	A Section 1	MIDDLE	NAME	SUFFIX	
MAILING ADDRESS	<u>,</u>	CITY		STATE	POSTAL CODE	COUNTRY	
This FINANCING STATEMENT covers timber to collateral, or is filed as a fixture filing.  Description of real estate:  OMMERCIAL REAL ESTATE AT 452  O, CONCRETE, WA 98237  ARCEL NO.: P70933	الما	16. Additional collateral descrit Lots 14 through 17, i recorded in Volume Washington. EXCEF Washington by deed File No. 517399, reco	nclusive, Bloo 3 of Plats, pag PT highway rig dated April 2 ords of Skagit	e 67, resht of w 1, 1955 County	ecords of Skag ay, conveyed to and recorded of Washinton. S	it County, o the State of under Auditor's Situate in the	
			(4,000,004,8)		WY THE BUILDING HAND DANG HAN	40	
		200708060202 Skagit County Auditor					
Name and address of a RECORD OWNER of above-of formation and have a record interest):	lescribed real estate		/ <b>6/2007</b> Pag	ge	2 of	2 3:56PM	
	ı	17. Check <u>only</u> if applicable and Debtor is a Trust or T 18. Check <u>only</u> if applicable and	rustee acting with re	spect to p	roperty held in trust	or Decedent's Esta	
		Debtor is a TRANSMITTING Filed in connection with a M		Fransaction	- effective 30 years		