

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME PHONE OF CONTACT AT FILER [optional]
Melissa Engelhart (509) 327-9634

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

**UPF Services, LLC
910 West Boone Ave.
Spokane, WA 99201****200712240060
Skagit County Auditor****12/24/2007 Page 1 of 1 10:21AM**

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 Cunningham		FIRST NAME Orland	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 18152 Dunbar Rd		CITY Mount Vernon		STATE WA	POSTAL CODE 98273-	COUNTRY USA
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 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 Cunningham		FIRST NAME Margo	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS 18152 Dunbar Rd		CITY Mount Vernon		STATE WA	POSTAL CODE 98273-	COUNTRY USA
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 checked="" 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

1st Security Bank of Washington

OR		3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS PO Box 97000		CITY Lynnwood		STATE WA	POSTAL CODE 98046	COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

9 WINDOWS

MEMORIAL HWY TRS, TRACT 38; EXCEPT THAT PORTION THEREOF LYING WESTERLY OF THE FOLLOWING DESCRIBED LINE; BEGINNING AT A POINT ON THE NORTHERLY LINE OF SAID TRACT 100 FEET SOUTHEASTERLY OF THE MOST NORTHERLY CORNER THEREOF; THENCE SOUTHWESTERLY AT RIGHT ANGLES TO SAID NORTHERLY LINE TO A POINT ON A LINE DRAWN EASTERLY AND PARALLEL WITH SAID NORTHERLY LINE FROM A POINT ON THE WEST LINE OF SAID TRACT WHICH IS 147 FEET NORTH OF THE MOST SOUTHERLY CORNER OF SAID TRACT; THENCE SOUTHEASTERLY, IN A STRAIGHT LIN, TO A POINT ON THE SOUTHEASTERLY LINE OF SAID TRACT WHICH IS 76 FEET NORTHEASTERLY OF THE MOST SOUTHERLY CORNER THEREOF, COUNTY OF SKAGIT, WASHINGTON

APN: P67469

5. ALTERNATE DESIGNATION [if applicable]: ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON-UCC FILING6. ☒ This FINANCING STATEMENT is to be filed (for record) 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

8. OPTIONAL FILER REFERENCE DATA

UPF Tracking #1226330-18385

Loan #

SBA Loan #