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Frontier Bank Mount Vernon Office P.O. Box 1124 Mount Vernon, WA 98273

GUARDIAN NORTHWEST TITLE CO.

M9138

Document Title

ACCOMMODATION RECORDING ONLY

UCC2 - Financing Statement

Grantor(s)

Tyler W. Johnson, Tina M. Johnson.

Grantee(s)

Frontier Bank

Short Legal Description

Lot #1, Robert Egerer Binding Site Plan Burlington 1-99

Recording #200005030015

Address: 111-123 Fountain Street Burlington WA 98233

Espresso Lease Grantor: Starlight Group LLC

Assessor's Property Tax Parcel/Account Number

Parcel No. P116701

NAME & PHONE OF CON SEND ACKNOWLEDGME	ont and back) CAREFULLY				
SEND ACKNOWLEDGME	TACT AT FILER [optional]				
	NT TO: (Name and Address)				
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Frontier Bank	manage of the state of the stat	ų.			
Mount Verno	ñ				
119 E College	e Way n, WA 98273				
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L		THE ABO	/E SPACE IS FO	R FILING OFFICE US	SE ONLY
DEBTOR'S EXACT FULL	LEGAL NAME - insert only one debtor name (1				
1a. ORGANIZATION'S NAME			·		
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16. INDIVIDUAL'S LAST NA	ME A A A A A A A A A A A A A A A A A A A	FIRST NAME	MIDDLE	NAME	SUFFIX
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MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
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	ADD'L INFO RE 16 TYPE OF ORGANIZATION DRGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if an	
	DEBTOR Individual				XNC
	EXACT FULL LEGAL NAME - insert only one	e debtor name (2a or 2b) - do not abbreviate or co	ombine names		
2a. ORGANIZATION'S NAME		<u> </u>			
2b. INDIVIDUAL'S LAST NAT		FIRST NAME	MIDDLE	NAME	SUFFIX
	AE			WANT.	
JOHNSON		TINA	M. STATE	POSTAL CODE	COUNTRY
MAILING ADDRESS		* A 3	WA	98274	USA
100 SOUTH 18th STR	ADDIL INFO RE   2e. TYPE OF ORGANIZATION	MOUNT VERNON  21. JURISDICTION OF ORGANIZATION		ANIZATIONAL ID #, if any	
	ORGANIZATION Landing of the Control	a. sombotion of Grounds	jeg. o.ko		, <b>X</b> NC
	JEBIOR				IA NO
SECURED PARTY'S NAME  3a. ORGANIZATION'S NAME	AME (or NAME of TOTAL ASSIGNEE of ASSIGNO	JR S/P) - insert only one secured party name (3a	or 3b)		
Frontier Bank	-	N. C.			
36. INDIVIDUAL'S LAST NAT	ME	FIRST NAME	MIDDLE	NAME	SUFFIX
SD. INDIVIDONE O CAOT TIME	na -				
_		cny 2 2 3	STATE	POSTAL CODE	COUNTRY
MAILING ADDRESS	•			98273	l l
MAILING ADDRESS  19 E College Way, PO	Pay 1124	Mount Vernon	l WA		USA

SECURED PARTY COPY — UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

Harland Financial Solutions 400 S.W. 6th Avenue, Portland, Oregon 97204

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FOLLOW INSTRUCTIONS (front and ba	· · · · · · · · · · · · · · · · · · ·				
S. INMINIE OF FIRST DEDIOR (18 0)	1b) ON RELATED FINANCING STAT	EMENT			
9a, ORGANIZATION'S NAME					
OR 95. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
JOHNSON	TYLER	w.			
10. MISCELLANEOUS:					,
AND TOUR DESTORIO	CUE CON NAME			S FOR FILING OFFICE	USE ONLY
11. ADDITIONAL DEBTOR'S EXACT  11a. ORGANIZATION'S NAME	FULL LEGAL NAME - Insert only one na	ame (11a or 17b) - do not appreviate or co	ompine names		<del></del>
OR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
44 MANUNIA AFRESCO		CITY	STATE	POSTAL CODE	COUNTRY
11c, MAILING ADDRESS	And the second s	JOH F	SIVIE	. 55	
11d. SEE INSTRUCTIONS ADD'L INFO		11f. JURISDICTION OF ORGANIZATION	N 11g. ORG	ANIZATIONAL ID #, if any	
ORGANIZAT DEBTOR	ION				NONE
12. ADDITIONAL SECURED PAR	RTY'S or ASSIGNOR S/P'S	NAME - insert only one name (12a or 1	126)	<u></u>	<del></del> _
12a. ORGANIZATION'S NAME					
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS		СПУ	STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers	timber to be cut or as-extracted	16. Additional collateral description:			
15. Name and address of a RECORD DWNE (if Debtor does not have a record interest)		17. Check only if applicable and check Debtor is a Trust or Trustee ac  18. Check only if applicable and check Debtor is a TRANSMITTING UT!LITY	cting with respect to pro		Decedent's Estate
		Debtor is a Trust or Trustee ac  18. Check only if applicable and check Debtor is a TRANSMITTING UTILITY Filed in connection with a Manufact	cting with respect to pro only one box r ured-Home Transaction	- effective 30 years	Decedent's Estate
	);	Debtor is a Trust or Trustee at 18. Check only if applicable and check Debtor is a TRANSMITTING UTILITY Filed in connection with a Manufactin Filed in connection with a Public-Fired in Connection with a Public with a Publi	ting with respect to proonly one box  ured-Home Transaction  ance Transaction - effe	- effective 30 years	

TINA M. JOHNSON

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## **UCC -2 County Financing Statement**

	ACCURATE THE PROPERTY OF THE P
Individual Ack	nowledgment
a deled Am	,
State Of Wyshington	) ) ss
County Of Staget	)
On this day before me, the undersigned Notary Public, persome or proved to me on the basis of satisfactory evidence to be	onally appeared Tyler W. Johnson, personally known to
UCC-2, and acknowledged that he signed the UCC-2 as his	free and voluntary act and deed, for the uses and
purposes therein mentioned	0 18
Given under my hand and official scal this SV 8	day of Lanuary, 20 US
E 0.32010	
Notary Public in and for the State of S	Residing at <u>Now West</u> My commission expires 10   X   10
, Individual Acki	nowledgment
State Of Wahrylar	
County Of Skart	)ss
On this day before me, the undersigned Notary Public, perso	anally appeared Tina M. Johnson, personally known to
me or proved to me on the basis of satisfactory evidence to b	be the individual described in and who executed the
UCC-2, and acknowledged that she signed the UCC-2 as He purposes therein mentioned.	r free and voluntary act and deed, for the uses and
Given under my hand and official seal this	day of anuary, 20 18
PUBLIC	
By 83-2010	Residing at Security
Notary Public in and for the State of	My commission expires (18/1)

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