## **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) 32241260 CSC Diligenz, Inc. 6500 Harbour Heights Pkwy, Suite 400 Mukilteo, WA 98275 Filed In: Washington Skagit

200802210024
Skagit County Auditor

2/21/2008 Page

1 of

2 9:48AM

				THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY					
1. D	EBTOR'S EXACT FUL	LLEGAL NAME	insert only one debtor name (1a or 1b) -	do not abbreviate or combine	names				
	1a. ORGANIZATION'S NAI								
OR	TIS, INDIVIDUAL'S LASTINAME			FIRST NAME		MIDDLE NAME		SUFFIX	
	Wolden		The state of the s	Ronald		Α			
1c. N	MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY	
95	72 Old Highway	99 North		Burlington		WA	98233	USA	
1d. SEE INSTRUCTIONS ADD'L INFO RE 1e. TYPE OF ORGANIZATION			1f, JURISDICTION OF OR	JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if an					
		ORGANIZATION DEBTOR	Individual	WA				NONE	
			LEGAL NAME - insert only one del	btor name (2a or 2b) - do no	t abbreviate or combine na	ımes			
		2a, ORGANIZATION'S NAME							
	Waidod 🦎 🛴								
OR	2b. INDIVIDUAL'S LAST NAME			FIRST NAME	<u> </u>	MIDDLE NAME		SUFFIX	
2c. MAILING ADDRESS				CITY		STATE	POSTAL CODE	COUNTRY	
9572 Old Highway 99 North				Burlington	<i>)</i>	WA	98233		
2d. §	2d. SEE INSTRUCTIONS   ADD'L INFO RE   2e. TYPE OF ORGANIZATION   ORGANIZATION		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any					
		DEBTOR	Corp.	<sub>L</sub> WA	Harrie Same			✓ NONE	
			TOTAL ASSIGNEE of ASSIGNOR S/P)	insertonly <u>one</u> secured part	y name (3a or 3b)				
ı	3a. ORGANIZATION'S NAI			1					
	Whidbey Island				Lance of Same and				
OR	3b. INDIVIDUAL'S LAST N	AME		FIRST NAME		WIDDLE	VAME	SUFFIX	
3c. N	MAILING ADDRESS	_	,	CITY		STATE	POSTAL CODE	COUNTRY	
1266 Bouslog Road			Burlington		WA	98233	USA		

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 ESTATE RECORDS. Attach Addendum	[for record] (or recorded)	in the REAL 7. Check to RE fif applicable] [ADDITIONA	EQUEST SEARCH REPO AL FEE]	ORT(S) on Debtor(s) [optjonal]	All Debtors	Debtor 1 Debtor 2
8	OPTIONAL FILER REFERENCE DATA						

All fixtures and leasehold improvements located at 9572 Old Highway 99 North, Burlington, Washington, 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 other accounts proceeds)

Parcel No. P36928

4. This FINANCING STATEMENT covers the following collateral:

Abbreviated Legal: Section 19, Township 35, Range 4; Ptn. NE SE (Tract 2 Short Plat No. 90-33)

OLLOW INSTRUCTIONS (from				4			
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT 99. ORGANIZATION'S NAME							
OR ORGANIZARONA IVAINE							
R 96. INDIVIDUAL'S LAST NAME	<u> </u>	FIRST NAME	MIDDLE NAME, SUFFI)	7		•	
N Name Con				Ĭ			
Wolden		Ronald	A	_			
D.MISCELLANEOUS:							
	<u> </u>					s FOR FILING OFFIC	E USE ONLY
. ADDITIONAL DEBTOR'S E	XACT FULL	LEGAL NAME - insert only one	name (11a or 11b) - do not abbre	viate or combine nam	es		
11a, ORGANIZATION'S NAME		The second of the second					
R			Sec. 18th				
11b. INDIVIDUAL'S LAST NAME		A second	FIRST NAME		MIDDLE	VAME	SUFFIX
			<b>/</b>				
c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
	L INFO RE 1 ANIZATION	1e. TYPE OF ORGANIZATION	111 JURISDICTION OF ORGA	NIZATION	11g. ORG	ANIZATIONAL ID#, if an	у
DEB		<u></u>	<u>. Îx </u>		1		No
. ADDITIONAL SECURE	PARTY'S	or ASSIGNOR S/P'S	NAME - insert only one name	(12a or 12b)			
12a, ORGANIZATION'S NAME		······································	ZAN			<del></del> -	<del></del>
ج							
126. INDIVIDUAL'S LAST NAME			FIRST NAME	Š	MIDDLE	NAME	SUFFIX
				. Section of the sect			
c, MAILING ADDRESS			CITY	and the second	STATE	POSTAL CODE	COUNTRY
			<u> </u>				
3. This FINANCING STATEMENT co		er to be cut or as-extracted	16. Additional collateral descr	iption:			
collateral, or is filed as a 🖊 fixt	ure fifing,			and the second seco	A.,		
Description of real estate:		l-+ N 00 00		and the second seco			
Fract 2 of Skagit Coun							
ipproved January 14,					W <sub>a</sub>		
4, 1991, under Audito					and the second seco		
/olume 9 of Short Plat County, Washington; b	s, page 3	ou, records of Skagn		J <sup>ii</sup>	e de la companione de l		
Northeast 1/4 of the Sc					d I se	Carrier State Stat	
				carago non den sinda iki bilil	E III <b>min</b> si <mark>eks yan</mark> i	EN LEVE I EN 1891 I EN	
Township 35 North, Range 4 East, W.M.							
					7 7 1 (	1024	
				Skagit Co	unty A	uditor	
				_		- 17 - 147 - 147 - 1 146 <u>- 1</u>	NA
			2/21/2	008 Page	2	UI 2 9.40	~~. ~- \
. Name and address of a RECORD	OWNED of all				-		
		ove-westimen ledi estate					
(if Debtor does not have a record i			1			<u> </u>	111
(if Debtor does not have a record i							
(if Debtor does not have a record i			17			<u> </u>	<u> 24 f. js</u>
(if Debtor does not have a record i			17. Check <u>only</u> if applicable an				<u> </u>
(if Debtor does not have a record i			Debtor is a Trust or T	rustee acting with res	spect to pro	perty held in trust or	Decedent's Estat
(if Debtor does not have a record i			Debtor is a Trust or T	rustee acting with res	spect to pro	perty held in trust or	Decedent's Esta
(if Debtor does not have a record i			Debtor is a Trust or T	rustee acting with res of check <u>only</u> one box GUTILITY	spect to pro		Decedent's Esta