



201009140007
Skagit County Auditor

9/14/2010 Page 1 of 1 9:21AM

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| |
|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional] Corporation Service Company 1-800-858-5294 |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) 52668541 - 344530 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 |
| 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 | | | | | |
| OR | | | | | |
| 1b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX | | |
| HICKOX | MARY | BETH | | | |
| 1c. MAILING ADDRESS 410 CAROLINE STREET | | CITY | STATE | POSTAL CODE | COUNTRY |
| | | BURLINGTON | WA | 98233 | USA |
| 1d. <u>SEE INSTRUCTIONS</u> | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION | 1g. ORGANIZATIONAL ID #, if any | |
| | | Individual | WA | <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 | | |
| HICKOX | FREDERICK | E | | | |
| 2c. MAILING ADDRESS 410 CAROLINE STREET | | CITY | STATE | POSTAL CODE | COUNTRY |
| | | BURLINGTON | WA | 98233 | USA |
| 2d. <u>SEE INSTRUCTIONS</u> | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g. ORGANIZATIONAL ID #, if any | |
| | | Individual | WA | <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 Summit Bank | | | | | |
| OR | | | | | |
| 3b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX | | |
| | | | | | |
| 3c. MAILING ADDRESS PO Box 805 | | CITY | STATE | POSTAL CODE | COUNTRY |
| | | Burlington | WA | 98233 | USA |

4. This FINANCING STATEMENT covers the following collateral:
FURNITURE AND FIXTURES; 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)

P71984

LEGAL DESCRIPTION:
BURLINGTON ALL LOT 3 & E 1FT OF 4 BLK 104 DK 12

| | | | | | | |
|---|---|---------------------|---------------|--------------|----------|----------------|
| 5. ALTERNATIVE DESIGNATION (if applicable): | LESSEE/LESSOR | CONSIGNEE/CONSIGNOR | BAILEE/BAILOR | SELLER/BUYER | AG. LIEN | NON-UCC FILING |
| 6. <input checked="" type="checkbox"/> 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) (ADDITIONAL FEE) (optional) | | All Debtors | | Debtor 1 | Debtor 2 |
| 8. OPTIONAL FILER REFERENCE DATA | | | | | | |

52668541