



201011010128

Skagit County Auditor

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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) 53644985 - 344530 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 L Filed In: Washington Skagit | |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | | | | |
|---|-----------------------------------|------------------------------|-------------------------------------|--|
| 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (1a or 1b) - do not abbreviate or combine names | | | | |
| 1a. ORGANIZATION'S NAME SRH LLC SKAGIT CROSSFIT | | | | |
| OR | | | | |
| 1b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX |
| 1c. MAILING ADDRESS 1813 BOUSLOG RD | | CITY BURLINGTON | STATE WA | POSTAL CODE 98233 |
| COUNTRY USA | | | | |
| 1d. SEE INSTRUCTIONS | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION LLC | 1f. JURISDICTION OF ORGANIZATION WA | 1g. ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE |
| 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> 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 |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| COUNTRY | | | | |
| 2d. SEE INSTRUCTIONS | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE |
| 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only <u>one</u> 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 Burlington | STATE WA | POSTAL CODE 98233 |
| COUNTRY USA | | | | |

4. This FINANCING STATEMENT covers the following collateral:

PMSI IN ALL 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 AND ACCOUNTS PROCEEDS).

ABBREV LEGAL

SECTION 7 TOWNSHIP 34 NORTH RANGE 4 EAST W.M.

P24079

| | | | | | | |
|---|--|---------------------|-------------------------------|--------------|----------|----------------|
| 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) (OPTIONAL FEE) | | All Debtors Debtor 1 Debtor 2 | | | |
| 8. OPTIONAL FILER REFERENCE DATA | | | | | | |

53644985

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

| | | |
|--|----------------------------|---------------------|
| 9a. ORGANIZATION'S NAME SRH LLC DBA | | |
| OR | 9b. INDIVIDUAL'S LAST NAME | FIRST NAME |
| | | MIDDLE NAME, SUFFIX |

10. MISCELLANEOUS:

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

| | | | |
|--------------------------|-----------------------------------|----------------------------------|-----------------------------------|
| 11a. ORGANIZATION'S NAME | | | |
| OR | 11b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME |
| | | | SUFFIX |
| 11c. MAILING ADDRESS | | CITY | STATE |
| | | POSTAL CODE | COUNTRY |
| 11d. SEE INSTRUCTIONS | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION |
| | | 11g. ORGANIZATIONAL ID #, if any | |
| | | <input type="checkbox"/> NONE | |

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

| | | | |
|--------------------------|-----------------------------|-------------|-------------|
| 12a. ORGANIZATION'S NAME | | | |
| OR | 12b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME |
| | | | SUFFIX |
| 12c. MAILING ADDRESS | | CITY | STATE |
| | | POSTAL CODE | COUNTRY |

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☒ fixture filing.

14. Description of real estate:

THAT PORTION OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 7, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M., LYING WESTERLY OF THAT CERTAIN TRACT TAKEN BY THE STATE OF WASHINGTON IN SKAGIT COUNTY SUPERIOR COURT, CAUSE NO. 33544, BY THE STATE OF WASHINGTON IN SKAGIT COUNTY SUPERIOR COURT, CAUSE NO. 33544, UNDER STIPULATED JUDGEMENT AND DECREE OF APPROPRIATION ENTERED JANUARY 30, 1974, EXCEPT THE NORTH 660 FEET THEREOF, AND ALSO EXCEPT THE SOUTH 30 FEET THEREOF CONVEYED TO THE STATE OF WASHINGTON BY DEED DATED JUNE 19, 1957 AND RECORDED OCTOBER 17, 1957, UNDER AUDITOR'S FILE NO. 557370 FOR ROAD PURPOSES, SITUATED IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

I-5 AUTO ACCESSORY OUTLET LLC
PO BOX 914
MOUNT VERNON, WA 98273

16. Additional collateral description:



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17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

- ☐ Debtor is a TRANSMITTING UTILITY
☐ Filed in connection with a Manufactured-Home Transaction
☐ Filed in connection with a Public-Finance Transaction