



12/9/2010 Page

1 of

2 9:37AM

| JCC FINANCING | - | | | | | | | | | |
|-------------------------------------|------------------------|------------------------------|--|--|--------------------|-------------------------------|--|--|-----------|--|
| A, NAME & PHONE OF C | ONTACT AT FILE | R [optional] | | | | | | | | |
| Corporation Service | | | | | | | | | | |
| B. SEND ACKNOWLEDG | | ne and Address) | | | | | | | | |
| 54432010 - 30 | | | | | | | | | | |
| | i Service Coi | 24 | | ļ | | | | | | |
| | itevenson Dr | ive | | i | | | | | | |
| Springfield, | IL 62703 | | | | | | | | | |
| 1 | | And the s | Af-ahimm | | | | | | | |
| <u>L</u> | | Filed In: V | wasning | ton Skagit | THE ADOME | 2010E 16 EV | R FILING OFFICE | net on v | | |
| 1.DEBTOR'S EXACTE | JI LI EGAL NAME | -insertontyone debtornam | e (1a or 1b) - | do not abbreviate or combine r | | STAGE IS FO | K FILING OFFICE | USE ONL! | | |
| 1a. ORGANIZATION'S N | AME BUSY B | UBBLES LAUNI | DRY. L | LC | -4 | | | | | |
| | | | | - | | | | | | |
| TE INDIVIDUAL'SLASTNAME | | | | FIRST NAME | MIDDLE | MIDDLE NAME | | SUFFIX | | |
| | 645 MCLEA | NRD | er e | CITY | | STATE | POSTAL CODE | COPI | NTRY | |
| 11 | OTO MICHEN | | | MT VERNON | | WA | 98273 | US | | |
| ld, SEE INSTRUCTIONS | ADD'L INFO RE | 1e, TYPE OF ORGANIZA | NOITA | 1f. JURISDICTION OF ORG | ANIZATION | 1g. ORG/ | ANIZATIONAL ID #, if a | ny L | | |
| | ORGANIZATION DEBTOR | LLC | | WA S | | 6030 | 59561 | | NONE | |
| 2. ADDITIONAL DEBTO | R'S EXACT FULL | LEGAL NAME - insert | only <u>one</u> del | otor name (2a or 2b) - do not | abbreviate or comb | oine names | | | | |
| 2a. ORGANIZATION'S N | AME | | (⟨ ⟨ | ur ^{es} | _ | | | | | |
| OR 26. INDIVIDUAL'S LAST | LIANE . | | | Telegraphie | | IMPON C | HAME | SUFF | -10 | |
| 20. INDIVIDUAL S LAST | NAME | | | FIRST NAME | MIDDLE | MIDDLE NAME | | -1X | | |
| 2c. MAILING ADDRESS | | | | CITY | | STATE | STATE POSTAL CODE | | COUNTRY | |
| ee. Ab IIEI 10 MBBAEGO | | | | | | SIRIL | T OSTAL GODE | 1000 | NIKI | |
| 2d. SEE INSTRUCTIONS | ADD'L INFO RE | 2e, TYPE OF ORGANIZA | ATION | 24. JURISDICTION OF ORG | ANIZATION | 2g. ORG | ANIZATIONAL ID #, if a | ny | | |
| | ORGANIZATION DEBTOR | 1 1 | | 1 | | 1 | | | NONE | |
| SECURED PARTYS | NAME (or NAME of | TOTAL ASSIGNEE of ASSI | IGNORS/P) | - insert only one secured party | name (3a or 3b) | | ·· <u>·</u> . | | INONE | |
| 3a, ORGANIZATION'S N | AME Whidbey | island Bank | <u></u> | | | | | | | |
| OR 36. INDIVIDUAL'S LAST | NAME | | | FIRST NAME | <u> </u> | MIDDLE | NAME | SUFF | =IX | |
| | | | | 1 | | | | | | |
| Bc. MAILING ADDRESS P(| O Box 1589 | | | CITY | STATE | POSTAL CODE | COUNTRY | | | |
| • | | | | Oak Harbor | | WA . | 98277 | US | Α | |
| 4. This FINANCING STATEM | ENT covers the follow | ring collateral: | | | | | .4. | | | |
| SHORT LEGAL DESC | CRIPTION: PTN | LOT(S) 2, 3 & 4, V | OL. 2, P | 81, SKAGIT COUNTY | r | 4/ / | and the second | | | |
| TAY DADOEL ID# De | 4000 | | | | | | | | | |
| TAX PARCEL ID# P5 | 4028 | | | | | Man, parent | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| Purchase Money Sec | urity Interest in a | all Fixtures; whether | any of th | e foregoing is owned | now or acquire | ed later; all a | ccessions, additio | ns, replace | ements. | |
| and substitutions relat | - | | - | | - | | | | | |
| including insurance, g | eneral intangible | es and accounts pro | ceeds) | | | | The same of the sa | | | |
| | | | | | | | | | | |
| | | | | | | | | NW. | | |
| | | C. A. C. C. C. C. | | | | | | | \ | |
| | | | | | | | | Jane San Jan Jan Jan Jan Jan Jan Jan Jan Jan J | ř | |
| | | | | | | | $V_{\mathbf{k}}$ | $\mathcal{A}M$ | | |
| | ···· | | | | , <u></u> | | | <u> </u> | | |
| . ALTERNATIVE DESIGNA | TION [if applicable]: | LESSEE/LESSOR | CONSIG | NEE/CONSIGNOR B | AILEE/BAILOR | SELLER/BU | | NON-UC | CC FILING | |
| This FINANCING STATE STATE RECORDS. | | [ior record] (or recorded) i | n the REAL [if applicat | 7 Check to REQUES* IADDITIONAL FEET | SEARCH REPOR | RT(S) on Debtor [optional] | (S) All Debtors | Debtor 1 | Debtor 2 | |
| OPTIONAL FILER REFERI | | | | | | | | | | |
| | | | | | | | | 542 | 432010 | |

| A CONTRACTOR A DOCUMENT | 18.6 | | | |
|--|--|---|---------------------------|-------------------|
| UCC FINANCING STATEMENT ADDENDU FOLLOW INSTRUCTIONS (Front and back) CAREFULLY | IVI | | | |
| 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING | | | | |
| 99. ORGANIZATIONS NAME BUSY BUBBLES LAUNDR | Y, LLC | | | |
| 96. INDIVIDUAL'S LAST NAME FIRST NAME | MIDDLE NAME, SUFFIX | | | |
| 10. MISCELLANEOUS: | i | | | |
| ^(^\) | | THE ABOVE SPACE | IS FOR FILING OFF | ICE USE ONLY |
| 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only 11a. ORGANIZATION'S NAME | one name (11a or 11b) - do not abbrevi | ate or combine names | | |
| THE OCCUPATION OF TABLE | and the second second | | | |
| OR 11b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE | NAME | SUFFIX |
| 11¢, MAILING ADDRESS | СПУ | STATE | POSTAL CODE | COUNTRY |
| ADD'L INFO RE 11e. TYPE OF ORGANIZATIO ORGANIZATION DEBTOR | 11f. JURISDICTION OF ORGAN | IZATION 11g. OR | GANIZATIONAL ID #, if | any NONE |
| 12. ADDITIONAL SECURED PARTY'S of 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 |
| 120. INDIVIDUAL S CAST NAME | FIRST NAME | WILDER | NAME | SUFFIX |
| 12c. MAILING ADDRESS | СПҮ | STATE | POSTAL CODE | COUNTRY |
| 13. This FINANCING STATEMENT covers timber to be cut or as-extrac | cted 16. Additional collateral descrip | otion; | <u> </u> | |
| collateral, or is filed as a x fixture filing. | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | and the same of | | |
| 14. Description of real estate: WEST MOUNT VERNON, DK 1: LOT 4, EXCEPT THE WEST FEET THEREOF, ALL OF LOT 3, AND LOT 2, EXCEPT THE EAST 10 FEET THEREOF, BLOCK 6, "WEST MT. VERNON, SKAGIT CO.," AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 81, RECORDS OF SKAGIT COUNTY, WASHINGTON. DK 1: LOT 4, EXCEPT THE WEST 10 FEET THEREOF, ALL OT LOT 3, AND LOT 2, EXCEPT THE EAST FEET THEREOF, BLOCK 6, "WEST MT. VERNON, SKAGIT, AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 81, RECORDS OF SKAGIT COUNTY, WASHINGTON. | 10 CO. | | | |
| 15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest): | 17. Check <u>only</u> if applicable and Debtor is a Trust or Tr | | property held in trust or | Decedent's Estate |
| 201012090023 | 18. Check only if applicable are | d check <u>only</u> one box. | | |
| Skagit County Auditor | Debtor is a TRANSMITTING | | ,, | |
| 12/9/2010 Page 2 of 2 9:37AM | | Manufactured-Home Transaction Public-Finance Transaction — • | • | |