| À              | 19 July 20 |       |    |      |  |  |
|----------------|------------|-------|----|------|--|--|
| 4              |            |       |    |      |  |  |
|                |            | 30° N |    |      |  |  |
| 1,             | 35         |       | 41 |      |  |  |
| , 19. <b>.</b> |            | - 500 | 7  |      |  |  |
| Orași de       | Ċ          |       |    |      |  |  |
|                |            | , ,   |    | ., , |  |  |

## **UCC FINANCING STATEMENT**

TAX PARCEL #: 8004-000-005-0000

| 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)  |          |
| 54984234 - 306590                              |          |
| Corporation Service Company                    |          |
| 801 Adlai Stevenson Drive                      |          |
| Springfield, IL 62703                          |          |
| Eiled In: Washington                           | n Skagit |



**Skagit County Auditor** 

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|              | <u></u>                 | No.                                     | Filed In: Washing  | ´ <u></u>  | SPACE IS FO         | R FILING OFFICE US                | EONLY    |
|--------------|-------------------------|---|--|--|---------------------|-----------------------------------|----------|
| 1. D         | EBTOR'S EXACTFUL        | LLEGAL NAME                             | insert only one debtor name (1a or 1b)   |  | 7.1                 |                                   |          |
|              | 1a. ORGANIZATION'S NA   | ME DRS WE                               | ELLS & NASH PS   |  |                     |                                   |          |
| OR           | 16, INDIVIDUAL'S LASTNA | ME                                      | The state of the s | FIRST NAME   | MIDDLE              | NAME                              | SUFFIX   |
| 1c, f        | MAILING ADDRESS 122     | 1 MADISOI                               | N STREET, SUITE  | СПУ  | STATE               | POSTAL CODE                       | COUNTRY  |
| 10           | 02                      |   |  | SEATTLE  | WA                  | 98104                             | USA      |
|              | SEE INSTRUCTIONS        | ADD'L INFO RE<br>ORGANIZATION<br>DEBTOR | 10. TYPE OF ORGANIZATION Corp.   | 1f, JURISDICTION OF ORGANIZATION WA                | "                   | ANIZATIONAL ID#, if any<br>13 755 | NONE     |
| 2. A         | DDITIONAL DEBTOR        | 'S EXACT FULL                           | LEGAL NAME - insert only one de  | obtor name (2a or 2b) - do not abbreviate or combi | ine names           |                                   |          |
|              | Za, ORGANIZATION'S NAI  | ME                                      |  |  |                     |                                   |          |
| OR           | 2b, INDIVIDUAL'S LAST N | AME                                     |  | FIRST NAME   | MIDDLE              | NAME                              | SUFFIX   |
| 2c. I        | MAILING ADDRESS         |   |  | ary  | STATE               | POSTAL CODE                       | COUNTRY  |
| 2d, \$       | SEE INSTRUCTIONS        |   | 2e. TYPE OF ORGANIZATION   | 2f. JURISDICTION OF ORGANIZATION                   | 2g. ORG             | ANIZATIONAL ID #, if any          |          |
|              |                         | ORGANIZATION<br>DEBTOR                  | 1  |  | į.                  |                                   | NONE     |
| 3. S         | ECURED PARTY'S N        | AME (or NAME of )                       | FOTAL ASSIGNEE of ASSIGNOR S/P   | - insert only one secured party name (3a or 3b)    |                     |                                   |          |
|              | 3a, ORGANIZATION'S NAI  | E CHARTE                                | R PRIVATE BANK   |  | arran <sub>e.</sub> |                                   |          |
| OK           | 3b. INDIVIDUAL'S LAST N | AME                                     |  | FIRST NAME   | MIDDLE              | NAME                              | SUFFIX   |
| 3c. 1        | MAILING ADDRESS 670     | 3 SOUTH 2                               | 234TH STREET,  | ату  | STATE               | POSTAL CODE                       | COUNTRY  |
| SU           | JITE 100                |   |  | KENT   | WA .                | 98032                             | USA      |
| <b>4</b> . T | his FINANCING STATEMEN  | IT covers the follow                    | ing collateral:  |  | 1 2                 |                                   | <u> </u> |

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).

ABBREVIATED LEGAL: PTN LOTS 5 & 6 BURLINGTON BINDING SITE PLAN BS 1-95, 9508070045, SEC. 8, TWNSHP 34N, R 4E

|   | UCC FILING |
|---|------------|
| 6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL 7. Check to REQUEST SEARCH REPORT(S) on Debtor(6)  All Debtors Debtor 1 | Debtor 2   |
| 8, OPTIONAL FILER REFERENCE DATA  | 10 10      |

| UCC FINANCING STATEME  | NIT ADDENDLIM                    |  | I   |  |                                 |
|--|----------------------------------|--|---|--|---------------------------------|
| FOLLOW INSTRUCTIONS (front and back)   | CAREFULLY                        |  | Į   |  |                                 |
| 9. NAME OF FIRST DEBTOR (1a or 1b) O  9a. ORGANIZATION'S NAME DRS WE   |                                  | TEMENT                                 |   |  |                                 |
|  | ILLO & NAON PO                   |  |   |  |                                 |
| 9b. INDIVIDUAL'S LAST NAME   | FIRST NAME                       | MIDDLE NAME, SUFFIX                    |   |  |                                 |
| 10, MISCELLANEOUS:   |                                  |  | 1   |  |                                 |
|  |                                  | ļ                                      |   |  |                                 |
| A ARREST DESTABLE TO THE   | <u> </u>                         |  |   | EIS FOR FILING OFF                                 | ICE USE ONLY                    |
| 11. ADDITIONAL DEBTOR'S EXACT FULI<br>11a. ORGANIZATION'S NAME   | L LEGAL NAME - insert only one n | ame (11a or 11b) - do not abbrev       | riate or combine names                                      |  |                                 |
| OR 116 INDIVIDUAL'S LAST NAME  |                                  | FIRST NAME                             | - IMINO   | E NAME   | SUFFIX                          |
| The state of the s |                                  |  | I WILDE   |  | 120.00                          |
| 11c. MAILING ADDRESS   |                                  | спу                                    | STATE   | POSTAL CODE  | COUNTRY                         |
| 11d. SEEINSTRUCTIONS ADD'L INFO RE ORGANIZATION  | 11e. TYPE OF ORGANIZATION        | 11f. JURISDICTION OF ORGA              | NIZATION 11g. Ö   | RGANIZATIONAL ID #, if                             | any                             |
| DEBTOR   | <u> </u>                         | <u>, jago</u>                          |   |  | NONE                            |
| <ol> <li>ADDITIONAL SECURED PARTY:</li> <li>12a. ORGANIZATION'S NAME</li> </ol>  | S <u>or</u> ∐ ASSIGNOR S/P'S     | NAME - insert only one name            | (12a or 12b)  |  |                                 |
|  |                                  |  | <u> </u>  |  |                                 |
| OR 12b. INDIVIDUAL'S LAST NAME   |                                  | FIRST NAME                             | MIDDL   | E NAME   | SUFFIX                          |
| 12c. MAILING ADDRESS   | <del></del>                      | CITY                                   | STATE   | POSTAL CODE  | COUNTRY                         |
|  |                                  |  |   |  |                                 |
| <ol> <li>This FINANCING STATEMENT covers time<br/>collateral, or is filed as a  fixture filing.</li> </ol>   | ber to be cut or as-extracted    | 16. Additional collateral descri       | iption:   |  |                                 |
| 14. Description of real estate:  |                                  | ****                                   |   |  |                                 |
| EXHIBIT A  |                                  |  |   |  |                                 |
|  |                                  |  | - V., Y.,   |  |                                 |
|  |                                  |  |   |  |                                 |
|  |                                  |  |   |  |                                 |
|  |                                  |  | i William en en   | Maria Land   |                                 |
|  |                                  |  |   | <b>H.B. II III</b> III II III II II II II II II II | IDA (Ili on wa                  |
|  |                                  |  | 2.0   |  | MKHH                            |
|  |                                  |  | Skac  | it County Aud                                      | 94                              |
|  |                                  |  | 1/3/2011 Pa   |  | litor                           |
|  |                                  |  |   | <sup>'y⊎</sup> 2 of                                | 3 9:44AM                        |
| 15. Name and address of a RECORD OWNER of a  | above-described real estate      |  |   |  | / Saran                         |
| (if Debtor does not have a record interest):   |                                  |  |   |  | $\forall \supset \land \rangle$ |
| HOPPER ROAD LLC<br>PO BOX 650  |                                  |  |   |  | <u> </u>                        |
| BURLINGTON, WA 98233   |                                  | 17. Check only if applicable an        |   | 7,   | <u> </u>                        |
|  |                                  | Debtor is a Trust or                   |   | property held in trust or                          | Decedent's Estate               |
|  |                                  | 18. Check <u>only</u> if applicable an |   |  |                                 |
|  |                                  | Debtor is a TRANSMITTING               |   |  | Appendix and the second         |
|  |                                  |  | Manufactured-Home Transacti<br>Public-Finance Transaction — | •  |                                 |
|  |                                  | The real of confidential Mitting I     | - drug-chause transaction —                                 | energia on Applie                                  |                                 |

## **EXHIBIT A**

BS 1-95 BSP, ACRES 0.46, THAT PORTION OF LOTS 5 AND 6 OF BURLINGTON BINDING SITE PLAN BS 1-95, APPROVED AUGUST 4, 1995, RECORDED UNDER AUDITOR'S FILE NO. 9508070045, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING IN A PORTION OF THE NORTHWEST 1/4 OF SECTION 8, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M., DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTHWEST CORNER OF SAID LOT 5; THENCE SOUTH 89° 48′ 01″ EAST, ALONG THE SOUTH LINE OF SAID LOT 5, A DISTANCE OF 20.04 FEET TO THE TRUE POINT OF BEGINNING; THENCE NORTH 0° 12′ 00″ EAST, PARALLEL WITH THE WEST LINE OF SAID LOT 5, A DISTANCE OF 143.96 FEET; THENCE SOUTH 90° 00′ 00″ EAST 137.53 FEET; THENCE SOUTH 1° 04′ 28″ EAST 144.47 FEET , TO THE SOUTH LINE OF LOT 6 OF SAID BINDING SITE PLAN; THENCE NORTH 89° 48′ 01″ WEST 140.74 FEET TO THE TRUE POINT OF BEGINNING.

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