



201303040125

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)**

73885320 - 344670

Corporation Service Company  
801 Adlai Stevenson Drive  
Springfield, IL 62703-4261

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 **KAREN E. HOMITZ, D.D.S., P.L.L.C.**

OR

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS **120 EAST GEORGE HOPPER RD** CITY **BURLINGTON** STATE **WA** POSTAL CODE **98233** COUNTRY **USA**  
**STE 100**

1d. **SEE INSTRUCTIONS** ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION **Limited Liability Comp** 1f. JURISDICTION OF ORGANIZATION **WA** 1g. ORGANIZATIONAL ID #, if any **602084184**  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

**HOMILTZ** **KAREN** **E**

2c. MAILING ADDRESS **1000 17th St** CITY **BELLINGHAM** STATE **WA** POSTAL CODE **98225** COUNTRY **USA**

2d. **SEE INSTRUCTIONS** ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION **Individual** 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any  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 **Skagit State Bank**

OR

3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS **301 E. Fairhaven Ave** CITY **Burlington** STATE **WA** POSTAL CODE **98233** COUNTRY **USA**

**4. This FINANCING STATEMENT covers the following collateral:**

All Inventory, Accounts, Machinery, Equipment, General Intangibles and 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 and other accounts proceeds) located at: 120 E. George Hopper Road #100, Burlington WA 98233

P24266 340408-2-018-0103

Abbreviate: PTN SW NW Sec 8 TWP 34 N R 4 E W.M.

Attached is full legal

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 (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable) 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (OPTIONAL FEE) (optional)  All Debtors  Debtor 1  Debtor 2

8. OPTIONAL FILER REFERENCE DATA

73885320

# 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 KAREN E. HOMITZ, D.D.S., P.L.L.C.		
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:  
Parcel #24266 340408-2-018-0103 Legal Description: (DK12) THAT PORTION OF THE SOUTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 8, TOWNSHIP 34 NORTH, RANGE 4 EAST, DESCRIBED AS FOLLOWS: COMMENCING AT THE SOUTHWEST CORNER OF SAID NORTHWEST QUARTER; THENCE SOUTH 88 DEGREES 37' 17" EAST ALONG THE SOUTH LINE THEREOF OF DISTANCE OF 40.05 FEET TO A POINT THAT IS 40 FEET WHEN MEASURED AT RIGHT ANGLES TO THE WEST LINE OF SAID

## 16. Additional collateral description:



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

PIAZZA HOLDINGS, LLC  
120 EAST GEORGE HOPPER ROAD, SUITE 200  
BURLINGTON WA 98233

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 — effective 30 years
- Filed in connection with a Public-Finance Transaction — effective 30 years

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9a. ORGANIZATION'S NAME: **KAREN E. HOMITZ, D.D.S., P.L.L.C.**

OR

9b. INDIVIDUAL'S LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME, SUFFIX: \_\_\_\_\_

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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  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:  
 NORTHWEST QUARTER; THENCE NORTH 01 DEGREES 23' 26" WEST PARALLEL WITH THE WEST LINE OF SAID NORTHWEST QUARTER A DISTANCE OF 638.73 FEET TO A POINT 642 FEET SOUTH OF THE NORTH LINE OF SAID SOUTHWEST QUARTER OF THE NORTHWEST QUARTER; THENCE SOUTH 01 DEGREES 23' 26" EAST A DISTANCE OF 82.13 FEET; THENCE CONTINUE SOUTH 01 DEGREES 23' 26" EAST A DISTANCE OF 87.25 FEET; THENCE SOUTH 88 DEGREES 49' 40" EAST PARALLEL WITH THE NORTH LINE OF THE SOUTHWEST QUARTER

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

16. Additional collateral description:



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 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.  
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 Filed in connection with a Manufactured-Home Transaction — effective 30 years  
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12c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

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14. Description of real estate:

OF THE NORTHWEST QUARTER OF SAID SECTION 8 A DISTANCE OF 305.72 FEET TO THE TRUE POINT OF BEGINNING; THENCE NORTH 01 DEGREES 23' 26" WEST A DISTANCE OF 150 FEET TO A POINT 661.36 FEET SOUTH OF THE NORTH LINE OF SAID SOUTHWEST QUARTER OF THE NORTHWEST QUARTER; THENCE SOUTH 88 DEGREES 49' 40" EAST PARALLEL WITH THE NORTH LINE OF SAID SOUTHWEST QUARTER OF THE NORTHWEST QUARTER A DISTANCE OF 170 FEET; THENCE SOUTH 01 DEGREES 23' 26" EAST TO A POINT

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

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14. Description of real estate:  
 334 FEET NORTH OF THE SOUTH LINE OF SAID SOUTHWEST QUARTER OF THE NORTHWEST QUARTER; THENCE WEST ALONG A LINE 334 FEET NORTH OF AND PARALLEL WITH THE SOUTH LINE OF SAID SOUTHWEST QUARTER OF THE NORTHWEST QUARTER TO A POINT SOUTH 01 DEGREES 23' 26" EAST FROM THE POINT OF BEGINNING; THENCE NORTH 01 DEGREES 23' 26" WEST TO THE POINT OF BEGINNING.

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