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L	ICC	FINA	NCIN	G ST	ATEM	ENT

UCC FINANCING STAT								
A. NAME & PHONE OF CONTACT / Corporation Service Compan	AT FILER [optional]		T					
B. SEND ACKNOWLEDGMENT TO	(Name and Address)			I I MAN			i i i	
76614622 - 344670				201306140069 Skagit County Auditor \$72.00				
Corporation Service				6/14/201:	3 Page	1 of	1 10:37AM	
801 Adlai Stevenso	and the same of th]					
Springfield, IL 6270)3-4261							
l : i	Filed In: Wa	shinata	on Skagit					
			,,, o <u>y.,,</u>	THE ABOVE SP	ACE IS FO	R FILING OFFICE USE	ONLY	
1. DEBTOR'S EXACT FULL LEGAL	NAME -insert only one debtor name (1a	or1b)-do	not abbreviate or co	mbine names				
1a. ORGANIZATION'S NAME								
16 INDIVIDUAL'S LASTNAME		J. C.	FIRST NAME			MIDDLE NAME		
DAHLSTEDT	OOK CT		KENNETH		STATE	A STATE (POSTAL CODE		
1/ 120 DK	JORUI Y	and the state of t	MOUNT VEF	RNON	WA	98274-7095	COUNTRY	
1d. SEE INSTRUCTIONS ADD'L IN ORGANII DEBTOR	ATION In all violations	27 (* I	11. JURISDICTION C	FORGANIZATION	1g. ORG/	ANIZATIONAL ID #, if any	NONE	
2. ADDITIONAL DEBTOR'S EXACT		<u>one</u> debto	or name (2a or 2b) -	do not abbreviate or combine	names		- Inone	
2a. ORGANIZATION'S NAME		\$ {	ST.					
OR 25, INDIVIDUAL'S LAST NAME		TF.	FIRST NAME		MIDDLE	NAME	SUFFIX	
2c. MAILING ADDRESS		C	SITY		STATE	POSTAL CODE	COUNTRY	
2d. SEE INSTRUCTIONS ADD'L IN ORGANIZ	FORE 2e. TYPE OF ORGANIZATION	N 2	2f. JURISDICTION OF ORGANIZATION 2g.			2g. ORGANIZATIONAL ID #, if any		
DEBTOR					1		NONE	
3. SECURED PARTY'S NAME (or N 3a. ORGANIZATION'S NAME Ska	AMENTOTAL ASSIGNEENTASSIGNO	OR S/P) - ir	nsert only <u>one</u> secure	d partyname (3a or 3b)				
	igit State Dank				**************************************			
3b. INDIVIDUAL'S LAST NAME		F	FIRST NAME		MIDDLE	NAME	SUFFIX	
3c, MAILING ADDRESS 301 E. Fa	irhaven Ave		CITY		STATE	POSTAL CODE	COUNTRY	
001 E. 1 a	iiiidveii / tve		Burlington	A Comment	WA	98233	USA	
4. This FINANCING STATEMENT covers the All Inventory, Accounts, Machinary of the foregoing is now exist foregoing (including all entitlems governmental agricultural diversional any other such program of relating to any of the foregoing; Parcel 113885 Lot 44, Nookachamp Hills Plant	ery Equipment, General Intar ting or hereafter raised or gro ents, rights to payment, and p sion programs, governmental the United States Departmen all proceeds relating to any o	own; all paymen agricult of Agr	accessions, ac ts, in whatever tural assistance riculture, or any regoing (includ	Iditions, replacements, form received, including programs, the Farm to other general intangibing insurance, general	and subs ng but not Services A lles or pro intangible	titutions relating to ar limited to, payments igency Wheat Feed G grams); all records of es and other accounts	ny of the under any Grain Program, Fany kind	
5. ALTERNATIVE DESIGNATION (if appli	cable]: LESSEE/LESSOR C	CUPICION	EE/CONSIGNOR	BAILEE/BAILOR	SELLER/BL	YER AG, LIEN	NON-UCC FILING	
6. This FINANCING STATEMENT is to	be filed [for record] (or recorded) in the	RÉAL	7, Check to RE	QUEST SEARCH REPORT(6) on Debtor	(2)	btor 1 Debtor 2	
8. OPTIONAL FILER REFERENCE DATA	engum jit s	applicable	1 FADOITIONA	reel	tiona[]	All Debiors De		
							76614622	