NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-866-484-2382 E-MAIL CONTACT AT FILER (optional) SPRFIIIIng@cscinfo.com SEND ACKNOWLEDGMENT TO: (Name and Address) 81415922 - 375680 Corporation Service Company Sol Adial Stevenson Drive Springfield, IL 62703 Filed In: Washington (Skagit) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only sag Debtor name (1a or 1b) (use exact, full name, do not onlit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a ORGANIZATION'S NAME THORNTON MATTHEW MATTHEW MATTHEW MATTHEW MACORTES DEBTOR'S NAME: Provide only sag Debtor name (2a or 2b) (use exact, full name; do not onlit, modify, or abbreviate any part of the Debtor's name; if any part of the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad) MATTHEW MACORTES DEBTOR'S NAME: Provide only sag Debtor name (2a or 2b) (use exact, full name; do not onlit, modify, or abbreviate any part of the Debtor's name; if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX SUFFIX SUFFIX SUFFIX SAGONALIZATION'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only sag Secured Party name (3a or 3b) 3a ORGANIZATION'S NAME 1st Security Bank of Washington BIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX S	JCC FINANCING STATEMENT				30008	
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UCC FINANCING STATEMENT ADDENDUM **FOLLOW INSTRUCTIONS** 9. NAME OF FIRST DEBTOR; Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual/Debtor name did not fit, check here 9a. ORGANIZATION'S NAME 9b. INDIVIDUAL'S SURNAME THORNTON FIRST PERSONAL NAME **MATTHEW** ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a, ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS STATE POSTAL CODE COUNTRY CITY ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME 11b, INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT:	
	covers timber to be cut	covers as-extracted collateral is filed as a fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	16. Description of real estate:	



Skagit County Auditor 11/13/2013 Page

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17. MISCELLANEOUS:

12, ADDITIONAL SPACE FOR ITEM 4 (Collateral):