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UCC FINANCING STATEMENT

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cagit County Auditor			
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FOLLOWINSTRUCTIONS		Skagn Count		'	
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation: Service Company 1-800-858-529	4	4/11/2014	Page	1 of 2	8: 50A M
B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
85821076 - 344670	7				
Corporation Service Company					
801 Adlai Stevenson Drive					
Springfield, IL 62703 Filed I	n: Washington (Skagit)	•			
	(Skagit)	THE ABOVE SPAC	E IS FOR F	LING OFFICE USE	ONLY
DESTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, name will not fit in line 1b, leave all of item 1 blank, check here and provide only one debtor name will not fit in line 1b.	full name; do not omit, modify, vide the Individual Debtor inform	or abbreviate any part of th	e Debtor's na	ame); if any part of the I	ndividual Debtor's
1a ORGANIZATION'S NAME THE GATHERING	,, ,			<u> </u>	
OR) 		A DOUTION IN	NAME (C) (INITIAL (C)	Teurrix
16. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAMI	=		NAME(S)/INITIAL(S)	SUFFIX
16. MAILING ADDRESS 208 SNOQUALMIE STREET	MOUNT VERN			STAL CODE 8273	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, name will not fit in line 2b, leave alt of item 2 blank, check here and pro	full name; do not omit, modify, vide the Individual Debtor inform				
2a. ORGANIZATION'S NAME	vide (rie individual Debio) inion		meng cracen		
Za. ORGANIZATION S NAME					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAMI	<u> </u>	ADDITIONAL	NAME(S)/INITIAL(S)	SUFFIX
25. 115/1155/125 55/11/11/11/2		N			
2c. MAILING ADDRESS	CITY		STATE PO	STAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR S	FCURED PARTY) Provide on	v one Secured Party name	(3e or 3h)	_	!
3a. ORGANIZATION'S NAME Skagit State Bank		7 1	(+#-+//	<u> </u>	
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL	NAME(S)//NITIAL(S)	SUFFIX
3c. MAILING ADDRESS 301 E Fairhaven Ave	CITY Burlington		1	STAL CODE 8233	COUNTRY
	Durmigton		<u> </u>		3041
 COLLATERAL: This financing statement covers the following collateral: All Accounts, Equipment, Furniture, Fixtures and 	General Intangibles	whether any of	he forec	noina is owned	now or
acquired later; all accessions, additions, replacem	· · · · · · · · · · · · · · · · · · ·	- J.	- (**		
any kind related to any of the foregoing; all proce		- / /			
intangibles and other accounts proceeds)on Asse	•				
•	SSUIS TAX FAIGELY	O. F34100, F34:	107, 135		
Schedule "A"	لمنمية	i i			
Lots 2-4 BL9 Rivers	ide Ada e	tal		All and the second seco	
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					N.
					Supplemental Control

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative					
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:				
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing				
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	er Bailee/Bailor Licensee/Licensor				
a comoval su sa apreparación para : The Cathorina					

OPTIONAL FILER REFERENCE DATA: : I he Gathering

85821076

PARCEL "A":

Lots 2, 3 and 4, Block 9, "RIVERSIDE ADDITION TO THE TOWN OF MOUNT VERNON," as per plat recorded in Volume 3 of Plats, page 24, records of Skagit County, Washington,

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

PARCEL "B"

The North ½ of Lots 5 and 6 and the North 19.50 feet of Lots 7 and 8, Block 9, "RIVERSIDE ADDITION TO THE TOWN OF MOUNT VERNON," as per plat recorded in Volume 3 of Plats, page 24, records of Skagit County, Washington,

EXCEPT that portion of the West 30.00 feet of said Lot 6, lying South of the North 19.50 feet thereof.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

Skagit County Auditor 4/11/2014 Page

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