

ICC FINANCING STATEMENT OLLOWINSTRUCTIONS		!! !!!!!! !!	K OMBANIL DOWN MARK O					
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294		201508240135						
B. E-MAIL CONTAGT AT FILED (optional)	*	Skagit Coul	nty Audi	tor			\$73.00 38PM:	
SPRFiling@cscipfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)		8/24/2015	Page	·	l of	_		
104159578 - 344570	$\neg \bot$							
Corporation Service Company	1							
801 Adlai Stevenson Drive								
Springfield, IL 62703 Filed II	n: Washington							
	(Skagit)	THE ABOVE SPA	ACE IS FO	R FILING	OFFICE	USE ON	LY	
DEBTOR'S NAME: Provide only one Debtor name (1s or 1b) (use exact,		or abbreviate any part o	f the Debtor	's name); i	any part of	f the Indiv	idual Debtor's	
i.i.	ride the Individual Debtor inform	ation in item 10 of the F	inancing Sta	atement Ad	ldendum (F	omi UCC	(DAI)	
1a. ORGANIZATION'S NAME Zurinsky Management Group	, LLC							
16. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)			(S).	SUFFIX	
	money of the second							
MAILING ADDRESS 3329 80th Ave. N.E.	Marysville		STATE	9827		ľ	COUNTRY USA	
. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact.						(abo logic		
	ide the Individual Debtor inform							
2a. ORGANIZATION'S NAME								
R								
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX	
c. MAILING ADDRESS	CITY	} 	STATE	POSTAL	CODE		COUNTRY	
		A. and the second				İ		
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR ST	ECURED PARTY): Provide only	one Secured Rarty na	ne (3a or 3t)		<u>'</u>		
38. ORGANIZATION'S NAME SAVIBANK								
R 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)			.(S)	SUFFIX	
. MAILING ADDRESS 1854 S Burlington Blvd	CITY		STATE	POSTAL			COUNTRY	
	Burlington		<u> </u> WA	9823	3		USA	
. COLLATERAL: This financing statement covers the following collateral: All Fixtures; whether any of the foregoing is owne	d now or acquired la	ater: all access	ons. ac	ditions	. replac	emen	ts. and	
substitutions relating to any of the foregoing; all re		e de la companya del la companya de		272.04			ŕ	
#8057-000-001-0000. Legal description: B-D-M l	BINDING SITE PLA	N, ACRES 0.6	2, (DK1	2) PAF	CEL "/	۹",		
AF#200505260114, BEING A PORTION OF SW	1/4 NW 1/4 SECTION	N 8, TOWNSH	નો P-34 N	VORTH	I, RANG	GE 4 E	EAST,	
(DK 12) PARCEL "A", AF# 200505260114, BEING	G A PORTION OF S	SW 1/4 NW 1/4	SECTI	ON 8,	TOWNS	SHIP 3	34	
NORTH, RANGE 4 EAST)			-	A distribution of the second	A STATE OF THE STA	A		
The loop congred by this lies was reads and	Inited States C"	Duningga Admi	iniotrati	n Son	1 \	. لانظم	DFC	
The loan secured by this lien was made under a twhich uses tax dollars to assist small business ow				٠	the street of	. % %		
under SBA regulations:	mora. Il ule Officeu	Ciaico io Secki	ing to el	HOICE	. II UCL	WI IION	., u ici i	
					1)	AND THE REAL PROPERTY.	11	
							II ATE	
a) When SBA is the holder of the Note, this docu	ment and all docum	ents evidencin	g or sec	uring t	his Loa	n will	be 🖊 🔪	
. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is hetd in a Tr	ment and all docum						D C epresentative	
. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Tr a. Check <u>only</u> if applicable and check <u>only</u> one box:	rust (see UCC1Ad, item 17 and	Instructions) beir	g administe Check <u>only</u> i	red by a O f applicable	ecedent's P	ersonal /	epresentative box:	
. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is hetd in a Tr		Instructions) beir	g administe Check <u>only</u> i	red by a D	ecedent's P	ersonal <i>j</i> e c <u>only</u> one n-UCC Fil	epresentative box:	

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State because Individual Debtor name dig not fit, check here	ement; if line 1b was left b	plank			
9a. ORGANIZATION'S NAME Zurinsky Management Group, LLC					
Zurinsky Wallagerie in Clash, ELO					
OR OF THE PROPERTY OF THE PROP					
96. INDIVIDUAL'S SURNAME					
FIRST PERSONAL NAME					
ADDITIONAL NAME(S)//(NITIAL(S)		UFFIX			
		THE A	BOVE SPACE	S FOR FILING OFFICE (JSE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor do not omit, modify, or abbreviate any part of the Debtor's name) and ent			of the Financing S	tatement (Form UCC1) (use	exact, full лате;
10a. ORGANIZATION'S NAME					
OR 10b. INDIVIDUAL'S SURNAME					
IOU. INDIVIDUAL 3 SONIVAME					
INDIVIDUAL'S FIRST PERSONAL NAME	777				
INDÍVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
INDIVIDUAL OF THE INTEREST OF					301112
Oc. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME or AS AS ASSET OF SANIZATION'S NAME	SIGNOR SECURE	D PARTY'S NAME: P	rovide only <u>one</u> na	me (11a or 11b)	
	The state of the s				
11b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL-NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	- (STATE	POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
construed in accordance with federal law. b) Lender or SBA may use local or state proced	duras for aumon			ordina dagumanta	airina
notice, foreclosing liens, and other purposes. B		13. 79.	all the second), -	
from local or state control, penalty, tax or liability			A 18 18 18 18 18 18 18 18 18 18 18 18 18		
or state law to deny any obligation of Borrower,			Ø #*	APP 12	-
document requiring arbitration is not enforceable	-		S. S. 187	-8° 25° 55	
This FINANCING STATEMENT is to be filed [for record] (or recorded)) in the 14. This FINAN	ICING STATEMENT:			_
REAL ESTATE RECORDS (if applicable)			ers as-extracted	collateral is fixed as a	fixture filing
Name and address of a RECORD OWNER of real estate described in item (if Debtor does not have a record interest):			N AODEO		NOT! #4#
BDM Properties, LLC.				0.62, (DK12) PAF	₩,
Attn: Dan Mitzel		-		ON OF SW 1/4 NW RANGE 4 EAST,	The state of the s
111 Cleveland Ave. Suite 201				ING A PORTION	- A
Mount Vernon, WA 98273				NORTH, RANGE 4	48 8 B
				1	

	ľ				AND THE REAL PROPERTY.