

Skagit County Auditor 6/9/2016 Page

1 of

\$75.00 3 2:26PM

## Return Address:

William P. McArdel III Attorney at Law 1826 1 14th Avenue NE, Ste 101 Bellevue, WA 98004-3603 19,5642.01

Please print or type information WASHINGTON STATE RECORDER'S Cover Sheet (RCW 65.04)

Please print or type information WASHINGTON STATE RECORDER'S COVER SHEET (RCW 03.04)
Document Title(s) (or transactions contained therein): (all areas applicable to your document must be filled in)
1. <u>UCC-2</u> 2 2 4
3. 4
Reference Number(s) of Documents assigned or released:
Additional reference #'s on pageof document
Grantor(s) (Last name, first name, initials)
1. NAYYAR, AMIT
2.
Additional names on page of document.
Grantee(s) (Last name first, then first name and initials)
1. SONDHI, VIKAS
2.
Additional names on page of document.
Additional names on page of document.
Legal description (abbreviated: i.e. lot, block, plat or section, township, range)
Binding Site Plan MV-1-94 (College Way Marketplace), Lot 1D Acres 0.77, (DK17), Records of Skagit County,
Washington
Additional legal is on page of document.
Additional legal is on page or document.
Assessor's Property Tax Parcel/Account Number
P107483 / 8005-000-001-0403
The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to
verify the accuracy or completeness of the indexing information provided herein.



## UCC FINANCING STATEMENT

A. NAME & PHONE OF CONTACT AT FILER (optional) William P. McArdel III 425-454-1828 19.5642.01				
B. E-MAIL CONTACT AT FILER (optional)				
bill.wpmlaw@comeast.riet				
C. SEND ACKNOWLEDSMENT TO: (Marine and Address)				
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Law Office of William P. McArdel III	' 1			
1826 114th Avenue NE, Suite 101				
Bellevue, WA 98004-3003	<b>\$</b>			
I I	11			
	THE ABO	OVE SPACE IS FO	R FILING OFFICE USE O	NLY
DEBTOR'S NAME: Provide only one Debtor name (fa or 1b) (use exact, for name will not fit in line 1b, leave all of item 1 blank, check here and provide and provide provide the provide pr	ull name; do not omit, modify, or abbreviate a de the Individual Debtor information in item 1	any part of the Debtor' 0 of the Financing Sta	s name); if any part of the In tement Addendum (Form UC	dividual Debtor's (C1Ad)
1a, ORGANIZATION'S NAME				
OR 16. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	IAL NAME(SYINITIAL(S)	SUFFIX
NAYYAR	AMIT			
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
5612 Swift Creek Drive	/ Mount Vernon	WA_	98273	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact) in name will not fit in line 2b, leave all of item 2 blank, check here and provide a ORGANIZATION'S NAME	ull name; do not omit, modify, or abbreviate : se the individual Debtor information in Item	any part of the Debtor 10 of the Financing Sta	s name); if any part of the Internent Addendum (Form UC	(C1Ad)
OR 2b. INDIVIDUAL'S SURNAME	I FIRST PERSONAL NAME	JADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
ED. Madia Good A GOOD AND CONTRACTOR OF THE CONT		1	2-2	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
W. IN ILLIAN ASSAULT				
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE	CLIDED DARTY). Provide culture Service	Party name /39 or 3h	<u>                                     </u>	<u> </u>
3a. ORGANIZATION'S NAME	CORED   ARTT):   Toward diff.	1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u> </u>	
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	VAL NAME(S)/INITIAL(S)	SUFFIX
~ ^ >	VIKAS			1
SONDHI	CITY			
3c. MAILING ADDRESS	F 8 4	STATE	POSTAL CODE	COUNTRY
3c. MAILING ADDRESS 2116 Wildflower Court	Bellingham	STATE	98229	COUNTRY
3c. MAILING ADDRESS	Bellingham Subway Store #6454 located a	at 323 East Co	98229	_
3c. MAILING ADDRESS 2116 Wildflower Court 4. COLLATERAL: This financing statement covers the following collateral: All fixtures of the business which shall be known as S. Vernon, WA 98273, together with all replacements, a	Bellingham Subway Store #6454 located a	at 323 East Colorf.	98229	Mount
3c. MAILING ADDRESS 2116 Wildflower Court 4. COLLATERAL: This financing statement covers the following collateral: All fixtures of the business which shall be known as S. Vernon, WA 98273, together with all replacements, a	Bellingham Subway Store #6454 located and ditions, and proceeds there	at 323 East Color.	98229	Mount
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3c. MAILING ADDRESS 2116 Wildflower Court  4. COLLATERAL: This financing statement covers the following collateral:  All fixtures of the business which shall be known as \$\frac{5}{2}\$ Vernon, WA 98273, together with all replacements, \$\frac{5}{2}\$ S. Check gally if applicable and check gally one box:  5. Check gally if applicable and check gally one box:  6a. Check gally if applicable and check gally one box:	Bellingham Subway Store #6454 located and ditions, and proceeds there	being administe    Ob. Check pnly is   Agricult	98229  lege Way, Suite C,	Mount  Representative

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UĈ	C FINANCING STATEMENT ADDENDL	IM					
_	LOW INSTRUCTIONS			•			
	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statem because Individual Debtor name od not fit, check here	ent; if line 1b was li	eft blank				
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OR	9b. INDIVIDUAL'S SURNAME		-	ļ			
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	DEDTORIE NAME - 44 (40 40)					S FOR FILING OFFICE	
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OR -	10b, INDIVIDUAL'S SURNAME	and the same of th					
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Oc.	MAILING ADDRESS	CITY		<u> </u>	STATE	POSTAL CODE	COUNTRY
1. [	ADDITIONAL SECURED PARTY'S NAME of ASS	IGNOR SECU	SEL SABIV	S NAME: Provide	ooki oon as	mp (112 or 11b)	
	11a. ORGANIZATION'S NAME	SHOK DEDG	<u> </u>	/ TAIVIE: FIORIGE	diny <u>vite</u> ne		· · · · · · · · · · · · · · · · · · ·
OR-	11b INDIVIDUAL'S SURNAME	CIPCT DED	SONAL NAME	1.	LADOITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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1c.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
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2. 7	ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
3.	This FINANCING STATEMENT is to be filed [for record] (or recorded) in	the 14. This FIN	IANCING STATE	MENT:	The special of		<del>-</del>
<u>.</u>	REAL ESTATE RECORDS (# applicable)		rers timber to be		-extracted	ollaterat 🚺 is filed as a	fixture filing
(i	Name and address of a RECORD OWNER of real estate described in item 1 if Debtor does not have a record interest):		tion of real estate		,		
	ANG IN YUN 24 S. 287TH PLACE					ay Marketplace), I County, Washingto	
FΕ	EDERAL WAY, WA 98003	ļ	·		_		
253	3-839-5992	Parcel 1	No. P10748	3 / 8005-000-	JO1-040	3	
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