

| Skagit County Auditor  \$74. A NAME & PHONE OF CONTACT AT FILER (optional)  B. E-MAIL CONTACT AT FILER (optional)  C. SEND ACKNOWLEDGMENT TO: (Name and Address)  MOUNTAIN PACIFIC BANK 3732 BROADWAY EVERETT, WA 98201  CUARDIAN NORTHWEST TITLE CO. THE ABOVE SPACE IS FOR FILLING OFFICE USE ONLY  DEBTOR'S NAME: Provide only one Debtor name (35 or 33), (vide, exact, full name, do not onal, modify, or abbreviate any part of the Debtor's name (1 arr part of the Individual Debtor name (10 of the Financing Statement Addendum (Form UCC1Ad)  Ta ORGANIZATIONS NAME: DAIS SURNAME  IFIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  STATE  ROSTAL CODE  WA 98273  USA  TO INITIAL (S)  PROSTAL CODE  COUNTR  USA  2009 RIVERSIDE DR  TO INITIAL (S)  TO INITIAL ( | UCC FINANCING STATEMENT   |   |  | 00130013   |                |
|---|---|---|--|--|----------------|
| B. E-MAIL CONTACT AT FILER (optional)  C. SEND ACKNOW, EDGMENT KO: Name and Address)    MOUNTAIN PACIFIC BANK 3732 BROADWAY   | CLLOWINSTRUCTIONS   |   | •  |  | \$74.00        |
| MOUNTAIN PACIFIC BANK 3732 BROADWAY EVERETT, WA 98201  DEBTOR'S NAME: Provide only gag Debt's rame (36 or 36) (side, eract, full name, do not ont, modify, or abbrevate any part of the Debtor's name); if any part of the Individual Debtor information in term 10 of the Financing Statement Addendum (Form UCC1Ad)  15 ORGANIZATION'S NAME:  CHARLING ADDRESS  2009 RIVERSIDE DR  DEBTOR'S NAME: Provide only gag Debtor name (2a or 2b) (size each, 56 inapp) dispelled in incomplete the Individual Debtor information in term 10 of the Debtor's name); if any part of the Individual Debtor name (1a or 2b) (size each, 56 inapp) dispelled in incomplete the Individual Debtor information in term 10 of the Financing Statement Addendum (Form UCC1Ad)  15 ORGANIZATION'S NAME: Provide only gag Debtor name (2a or 2b) (size each, 56 inapp) dispelled individual Debtor information in term 10 of the Debtor's name); if any part of the Individual Debtor name will not fit in use 2b, leave all of figure 2 blank, check here and official individual Debtor information in term 10 of the Financing Statement Addendum (Form UCC1Ad)  25 ORGANIZATION'S NAME  R 2b. INDIVIDUAL'S SURNAME  FIRST PERSONAL'NAME  FIRST PERSONAL'NAME  FIRST PERSONAL'NAME  FIRST PERSONAL'NAME  ADDITIONAL NAME(SyINNTIAL(S) SUFFIX  SECURED PARTY'S NAME (or NAME of ASSIGNES of ASSIGNOR SECURED PARTY). Provide only gag Secureb Party name (3a or 3b)  So. ORGANIZATION'S NAME  MOUNTAIN PACIFIC BANK  B 10 INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SyINNTIAL(S) SUFFIX  SECURED PARTY'S NAME (or NAME of ASSIGNES the following collaboral:  EVERETT  FOSTAL CODE  COUNTR  SECURED PARTY'S NAME (or NAME of ASSIGNES the following collaboral:  EVERETT  FIRST PERSONAL NAME  ADDITIONAL NAME(SyINNTIAL(S) SUFFIX  FOSTAL CODE  COUNTR  SECURED PARTY'S NAME (or NAME of ASSIGNES the following collaboral:  EVERETT  FOSTAL CODE  SECURED PARTY'S NAME (or NAME of ASSIGNES the following collaboral:  EVERETT  FOSTAL CODE  SECURED PARTY'S NAME (or NAME of ASSIGNES the following  | A. NAME & PHONE OF CONTACT AT FILER (optional)                      |   | 6/13/2017 Page   | 1 of   | 2 10:25AN      |
| MOUNTAIN PACIFIC BANK 3732 BROADWAY EVERETT, WA 98201  DEBTOR'S NAME: Provide only gag Debbir radie (34 or 35) (lose, exact, Nill name, do not omit, modify, or abbirevate any part of the Debbor's name); if any part of the Individual Debbor information in term 10 of the Financing Statement Addendum (Form UCCTAd)  15 CREANIZATION'S NAME DAI SUNG BUTTERPRISE, CO.  16 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME Provide only gag Debbor name (2a or 2b) (lose exact, 50 in angular display dis  |   |   |  |  |                |
| MOUNTAIN PACIFIC BANK 3732 BROADWAY EVERETT, WA 98201  CUAPDIAN NORTHWEST TITLE CO. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  DEBTOR'S NAME: Provide only one Debter frame (5 or 13). (lede, exact, full name, do not omit, motify, or abbreviate any part of the Debter's name); if any part of the Individual Debter name will not fit in time 1b, leave all of item 1 blank, chycl. (see exact). (plin angle of the Individual Debter information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  1 or ORGANIZATIONS NAME  DAI SUNG ENTERPRISE, CO.  R 1b. INDIVIDUAL'S SURNAME  DEBTOR'S NAME: Provide only one Debter name (2a or 2b) (use exact). (plin angle defot omit, modify, or abbreviate any part of the Debter's name); if any part of the Individual Debter information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  2a ORGANIZATION'S NAME  POSTAL CODE  AND THE PROVIDE ONLY  AND POSTAL CODE  COUNTR  2a. INDIVIDUAL'S SURNAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only one Secured Party name (3a or 3b)  So. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  CITY  STATE  FOSTAL CODE  COUNTR  COUNTR  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  STATE  FOSTAL CODE  COUNTR  TO ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  STATE  FOSTAL CODE  COUNTR  CITY  STATE  FOSTAL CODE  COUNTR  CITY  STATE  FOSTAL CODE  COUNTR  COUNT  | B. E-MAIL CONTACT AT FILER (optional)                               |   |  |  |                |
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| EVERETT, WA 98201  CUARDIAN MORTHWEST TITLE CO. THE ABOVE SPACE IS FOR FILLING OFFICE USE ONLY  DEBTOR'S NAME: Provide only one Debts' reaste (1st or 1st) (size, exact, full name, do not only, nor abbreviate any part of the Debts' name); if any part of the Individual Debts information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  Ta: ORGANIZATION'S NAME  DAI SUNO ENTERPRISE, CO.  Ta: INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name, do not only, 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)  Ta: ORGANIZATION'S NAME  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name, de not only, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor and provides the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  2a ORGANIZATION'S NAME  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name, de not only, 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  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name, de provide only one 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)  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name, depote only one abbreviate any part of the Individual Debtor information in item 10 of the Pinancing Statement Addendum (Form UCC1Ad)  DEBTOR'S NAME: Provide only one Debtor name, depote one and provide the Individual Debtor information in item 10 of the Pinancing Statement Addendum (Form UCC1Ad)  PROVIDED TO THE ABOVE TO THE  | MOUNTAIN PACIFIC BANK   | 1   |  |  |                |
| CUARDIAN NORTHWEST TITLE CO. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY.  DEBTOR'S NAME: Provide only gag Debter radie (15 or 18) Lock exact full name, do not omit, modify, or abbreviate part of the Debtor's name); if any part of the Debtor's name; if any part of the Debtor's   |   |   |  |  |                |
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| Tax. ORGANIZATIONS NAME  DAI SUNDE ENTERPRISE, CO.  113735  15. INDIVIDUAL'S SURNAME  C. MALLING ADDRESS  2009 RIVERSIDE DR  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact sell name, deprise only name, d  |   |   | THE ABOVE SPACE IS FO  | R FILING OFFICE US   | EONLY          |
| 13. ORGANIZATION'S NAME DAI SUNG ENTERPRISE, CO.  15. INDIVIDUAL'S SURNAME  C. MAILING ADDRESS 2009 RIVERSIDE DR  C. MAILING ADDRESS 2009 RIVERSIDE PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only pag Secured Party name (3a or 3b)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only pag Secured Party name (3a or 3b)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only pag Secured Party name (3a or 3b)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only pag Secured Party name (3a or 3b)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only pag Secured Party name (3a or 3b)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only pag Secured Party name (3a or 3b)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only pag Secured Party name (3a or 3b)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only pag Secured Party name (3a or 3b)  SECURED PARTY'S NAME (or NAME (5)/INITIAL(S)  SUFFIX  C. MAILING ADDRESS  3732 BROADWAY  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  STATE POSTAL CODE  COUNTR  STATE POSTAL CODE  COUN  |   |   |  |  |                |
| DAI SUNG ENTERPRISE, CO.  IT 1979  IT 15 INDIVIDUAL'S SURNAME  IT 18 INDIVIDUAL'S SURN  |   | and provide the Individual Debtor information | n in item 10 of the Financing Sta  |  | UCC1Ad)        |
| The Individual's Surname  It is individual's Surname  It i  | 4. L  |   |  | 113735   |                |
| C. MAILING ADDRESS  2009 RIVERSIDE DR  DEBTOR'S NAME: Provide only 200 Debtor name (2a or 2b) (use exact full name, do not not fit in line 2b, leave all of item 2 blank, check here and provide affe polividual Debtor information in item 10 of the Pinancing Statement Addendum (Form UCC1Ad)  2a ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  C. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTR  PRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SUFFIX  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  STATE POSTAL CODE  COUNTR  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only goe Secured Party name (3a or 3b)  SECURED PARTY'S NAME  MOUNTAIN PACIFIC BANK  SI INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SUFFIX  STATE POSTAL CODE  COUNTR  CITY  STATE POSTAL CODE  COUNTR  C. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTR  C. CULATERAL: This financing statement covers the following collateral:  Legal Description: Section 18, Township 34 North, Range 4 East, Ptn. SE NE (aka Lot 1, SP MV-1-89)  Assessor's Tax Parcel ID#: P119197, 8039-000-001-0000  All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relative to the country of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relative to the country of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relative to the country of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relative to the country of the foregoing is owned now or acquired later; all accessions, additions, replacements of the country of the fore  | on l  | 150-5-0-0                                     |  |  | - Toursey      |
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| DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact full name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor name will not fit in line 2b, leave all of flom 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)    2a ORGANIZATION'S NAME   PRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX   |   |   |  |  |                |
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| CITY STATE POSTAL CODE COUNTR  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Sectived Party name (3a or 3b)  3a. ORGANIZATION'S NAME  MOUNTAIN PACIFIC BANK  3b. INDIVIDUAL'S SURNAME  C. MAILING ADDRESS  3732 BROADWAY  EVERETT  CITY  EVERETT  STATE POSTAL CODE  COUNTR  WA 98201  USA  ASSESSOr'S TAX Parcel ID#: P119197, 8039-000-001-0000  All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relations.  | name will not fit in line 2b, leave all of item 2 blank, check here |   |  |  |                |
| SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Section Party name (3a or 3b)  3a. ORGANIZATION'S NAME  MOUNTAIN PACIFIC BANK  3b. INDIVIDUAL'S SURNAME  C. MAILING ADDRESS  3732 BROADWAY  COLLATERAL: This financing statement covers the following collateral:  Legal Description: Secion 18, Township 34 North, Range 4 East, Ptn. SE NE (aka Lot 1, SP MV-1-89)  Assessor's Tax Parcel ID#: P119197, 8039-000-001-0000  All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relations.  | R 2b, INDIVIDUAL'S SURNAME  | FIRST PERSONAL NAME                           | ADDITION   | NAL NAME(S)/INITIAL(S)   | SUFFIX         |
| S. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Section Party name (3a or 3b)    Sa. ORGANIZATION'S NAME   MOUNTAIN PACIFIC BANK     3b. INDIVIDUAL'S SURNAME   ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX     3c. MAILING ADDRESS   CITY   STATE   POSTAL CODE   COUNTR     3732 BROADWAY   EVERETT   WA 98201   USA     3732 BROADWAY   EVERETT   USA     38201   USA     3836 ASSESSOR'S TAX PARCEL ID#: P119197, 8039-000-001-0000     All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relations.   | c MAILING ADDRESS   | CITY  | STATE  | POSTAL CODE  | COUNTRY        |
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| SUFFIX  3b. INDIVIDUAL'S SURNAME  C. MAILING ADDRESS  3732 BROADWAY  CITY EVERETT  COLLATERAL: This financing statement covers the following collateral:  Legal Description: Secion 18, Township 34 North, Range 4 East, Ptn. SE NE (aka Lot 1, SP MV-1-89)  Assessor's Tax Parcel ID#: P119197, 8039-000-001-0000  All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions related.  | 3a ORGANIZATION'S NAME  | ASSIGNOR SECURED PARTY): Provide only one     | Sectived Party name (38 or 30  | )  |                |
| c. MAILING ADDRESS 3732 BROADWAY EVERETT WA 98201 USA  COLLATERAL: This financing statement covers the following collateral: Legal Description: Secion 18, Township 34 North, Range 4 East, Ptn. SE NE (aka Lot 1, SP MV-1-89)  Assessor's Tax Parcel ID#: P119197, 8039-000-001-0000  All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions related.   | MOUNTAIN PACIFIC BANK   |   |  |  |                |
| c. MAILING ADDRESS  3732 BROADWAY  EVERETT  WA 98201  USA  COLLATERAL: This financing statement covers the following collateral:  Legal Description: Secion 18, Township 34 North, Range 4 East, Ptn. SE NE (aka Lot 1, SP MV-1-98)  Assessor's Tax Parcel ID#: P119197, 8039-000-001-0000  All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions related.  | R 3b. INDIVIDUAL'S SURNAME  | FIRST PERSONAL NAME                           | ADDITION   | NAL NAME(S)/INITIAL(S)   | SUFFIX         |
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| Assessor's Tax Parcel ID#: P119197, 8039-000-001-0000  All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions related  |   |   | 1 CD MV 100  |  |                |
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| All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions related any living relative to any of the foregoing.  | •   |   | A Summer of the  |  |                |
|   | All Fixtures; whether any of the foregoing is own                   | ed now or acquired later; all accessi         | ons, additions, replace  | nents and substitu   | utions relatir |

| 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 Deceden    | t's Personal Representative |
|--|------------------------------------|-----------------------------|
| 6a. Check only if applicable and check only one box:   | 6b. Check only if applicable and o | heck <u>only</u> one box    |
| Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility                              | Agricultural Lien                  | Non-UCC Fing                |
| 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy                                 | er Bailee/Bailor                   | Licensee/Licensor           |
| 8. OPTIONAL FILER REFERENCE DATA:  |                                    | <u></u>                     |

## UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS 9. NAME OF FIRST DESTOR: Same as line 1a or 1b on Financing Statement, if line 1b was left blank because Individual Debtsi name did not fit, check here 9a. ORGANIZAT ON'S NAME DAI SUNG ENTERPRISE, CO 96. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME 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 Deptor 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 Deptor's name) and enter the mailing address in line 10c 10a, ORGANIZATION'S NAME OR 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 10c. MAILING ADDRESS STATE POSTAL CODE COUNTRY CITY ADDITIONAL SECURED PARTY'S NAME OF 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 STATE POSTAL CODE 11c. MAILING ADDRESS CITY COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT. covers as-extracted collateral covers timber to be cut is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 Lot 1, City of Mount Vernon Binding Site Plan No. MV-1, 99, approved May 13, (if Debtor does not have a record interest): 2002, and recorded May 31, 2002, under Auditor's File No. 200205310140, records of Skagit county, Washington; being a portion of the Southeast 1/4 of the Northeast 1/4 of Section 18, Township 34 North, Range 4 East of the W.M.. 17. MISCELLANEOUS: