



201706220007

Skagit County Auditor

\$74.00

6/22/2017 Page

1 of

2 9:10AM

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Laura Minton Breckenridge (360) 336-1000
B. E-MAIL CONTACT AT FILER (optional) laura@skagitlaw.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Laura Minton Breckenridge P.O. Box 336 Mount Vernon, WA 98273

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME EK Projects, LLC a/k/a Eddyline Kayaks, LLC				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS 11977 Westar Lane	CITY Burlington	STATE WA	POSTAL CODE 98233	COUNTRY USA

2. 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's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME OF ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME				
OR 3b. INDIVIDUAL'S SURNAME Derrer	FIRST PERSONAL NAME Thomas	ADDITIONAL NAME(S)/INITIAL(S) V.	SUFFIX	
3c. MAILING ADDRESS 17831 Bradshaw Road	CITY Mount Vernon	STATE WA	POSTAL CODE 98273	COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:

All assets of the Debtor, including but not limited to the following that Debtor now has, or may have, in the future:

1. Equipment, inventory, supplies, product, work in progress, and instruments;

2. Accounts receivable, payment intangibles, deposits, prepaid assets, deposit accounts, cash, chattel paper;

3. Customer accounts and pending contracts;

4. All business records; and

5. All software, patents, copyrights, trade marks, logos, trade names, and variations thereof.

P115574
Lot 17 Amended Skagit Regional
Airport Ph 1

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:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☒ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

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

Eddyline Kayaks, LLC

OR

9b. 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 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

OR

10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME

Derrer

FIRST PERSONAL NAME

Elisabeth

ADDITIONAL NAME(S)/INITIAL(S)

C

SUFFIX

11c. MAILING ADDRESS

17831 Bradshaw Road

CITY

Mount Vernon

STATE

WA

POSTAL CODE

98273

COUNTRY

USA

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

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):

**Port of Skagit County
15400 Airport Dr.
Burlington, WA 98233**

16. Description of real estate:

**Parcel P115574 AMENDED SKAGIT REGIONAL AIRPORT
BINDING SITE PLAN, PHASE 1, LOT 17, ACRES 2.50, AF#
200303040030 (FORMERLY SKAGIT REGIONAL AIRPORT
BINDING SITE PLAN PHASE 1 AF#8608250002), AF#
200303040030 (FORMERLY SKAGIT REGIONAL AIRPORT
BINDING SITE PLAN PHASE 1 AF#8608250002).**

17. MISCELLANEOUS: