

## - UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

201	170	807	0059	

\$75.00

211:47AM

A. NAME & PHONE OF CONTACT AT FILER (optional)  Corporation Service Company 1-800-858-5294		_	it County A		4	\$75.0
B. E-MAIL CONTACT AT FILER (optional)		811	/2017 Pa	ge.	1 of	2 11:47AN
SPRFiling@cscinfo.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)						
1344 62112	— <u>— 1</u>					
Corporation Service Company	1					
801 Adlai Stevenson Drive						
Springfield, IL 62703 Filed In: V	Vashington					
	(Skagit)	THE ABOVE	SPACE IS FO	R FILING O	FFICE USE	ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (18 or 16) (use exact, full in name will not fit in line 1b, leave all of item 1 blank, check here and provide to		odify, or abbreviate any pa information in item 10 of th				
1a. DRGANIZATION'S NAME Cheema & Sons, LLC						
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITION	IAL NAME(S)	/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 13725 LaConner Whitney Road	Q:TY	,, <u>,</u> ,	STATE	POSTAL CO	DE	COUNTRY
	Mount Verne	on	WA	98273		USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full reame will not fit in line 2b, leave all of item 2 blank, check here and provide 12a. ORGANIZATION'S NAME		odify, or abbreviate any pa information in item 10 of th				
OR 2b. INDIVIDUAL'S SURNAME	PIRST PERSONAL	NAME	ADDITION	IAL NAME(S)	/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CO	DE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	RED PARTY): Provi	de only <u>one</u> Secured Party	name (3a or 3b)	<del></del>		
3a. ORGANIZATION'S NAME Columbia State Bank						
OR 36. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITION	NAL NAME(S)	/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 25977 SW Canyon Creek Rd, Suite J	Wilsonville		STATE OR	97070	DE	COUNTRY USA
4. COLLATERAL: This financing statement covers the following collateral: The Land and Improvements Together with all Fixture	res now or he	reafter owned by	Debtora	nd Attac	hed or Af	fixed to the
Land or Improvements. The Real Property located a						
		<b>,</b>		and the same of th		
Tax Account ID No.: 340307-4-019-0108 (P21181)						
Abbreviated Legal Description: Section 7, Township	34 North, Ra	nge 3 East; Ptn.	Gov't Lot	10.		
			<b>(</b>			
						à.
						N
				N. Carlotte	<b>N</b> 7	4)
						113
5. Check only if applicable and check only one box: Collateral is held in a Trust (	(see UCC1Ad, item 1	7 and Instructions)	being administer	ed by a Dece	dent's Person	al Representative
6a. Check only if applicable and check only one box:		(6	Sb. Check <u>only</u> it	applicable ar	nd check <u>only</u> (	one bax:
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a	Transmitting Utility	Agricult	ural Lien	Non-UCC	Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consigno	Seller/Buyer	Bai	lee/Bailor	Licer	rsee/Ligensor

1344 62112

B. OPTIONAL FILER REFERENCE DATA: :Cheema & Sons, LLC 139910

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State because individual Debtor name dis not fit, check here	ement; if line 1b was left blank				
9a. ORGANIZATION'S NAME Cheema & Sons, LLC	***	1			
Criceria & Suris, ELC					
P 9b. INDIVIDUAL'S SURNAME					
SO. INDIVIDUALS SURVAME		l			
FIRST PERSONAL NAME		1			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	1			
DEPTONG WATER			<del></del>	OR FILING OFFICE	
<ol> <li>DEBTOR'S NAME: Provide (10a or 10b) only negational Debter do not omit, modify, or abbreviate any part of the Debter's name) and entire in the Debter's name.</li> </ol>		i line 1b ar 2b of the	Financing State	ement (Form UCC1) (use	exact, full nam
10a. ORGANIZATION'S NAME					
R 10b. INDIVIDUAL'S SURNAME					
	<i>514</i>				
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(\$)/INITIAL(\$)		•			SUFFIX
c. MAILING ADDRESS	Стү		STATE P	OSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME or AS  11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME	SSIGNOR SECURED FAR TY	O NAME. Provide		L NAME(S)/INITIAL(S)	Isuffix
TID. INDIVIDUALS SURVAME	THO TERSON THE	The same of the sa	ABBITION	E TAMBLE (S)//TATTITLE (S)	
c. MAILING ADDRESS	CITY		STATE P	OSTAL CODE	COUNTRY
<u> </u>		Samuel Commission of the Commi	800		
D. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  D. This FINANCING STATEMENT is to be filed [for record] (or recorded REAL ESTATE RECORDS (if applicable)	I —				fixture filing
ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This Financing Statement is to be filed [for record] (or recorded REAL ESTATE RECORDS (if applicable)	covers timber to be 16. Description of real estat That portion of the line) of Governme East, W.M., lying Item No. 2 in Judg	cut covers a e: e: West 500 fe int Lot 10, Se Southerly of gment and De	ection 7, T that certai ecree of A	asured along th ownship 34 Nor n tract of land d ppropriation ent	e South th, Range escribed ered
ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item	covers timber to be m 16	cut covers a  e:  e: West 500 fe  int Lot 10, Se  Southerly of  gment and De  Skagit Coun  ion was to co	eet (as me ection 7, T that certai ecree of A ty Superio	asured along the ownship 34 Nor n tract of land di ppropriation ent or Court Cause 1	e South th, Range escribed ered No. 3191