



01/18/2019 12:40 PM Pages: 1 of 3 Fees: \$101.00 Skagit County Auditor

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Phone: (800) 331-3282 Fax: (818) 662-4141
B. E-MAIL CONTACT AT FILER (optional)
CLS-CTLS\_Glendale\_Customer\_Service@wolterskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 14084 - BFG
Lien Solutions 68196057
P.O. Box 29071 WAWA
Glendale, CA 91209-9071 FIXTURE
File with: Skagit, WA

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
Mount Vernon Vision Source PS Inc
OR
1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
1616 N 18th Ste 104 Mount Vernon WA 98273 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
BFG Corporation
OR
3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
2801 Lakeside Dr Ste 212 Bannockburn IL 60015 USA

4. COLLATERAL: This financing statement covers the following collateral:
Unit 3, "College Way Office Complex Condominium", as shown on Survey and Floor Plans record June 3, 1993 in Volume 15 of Plats, page 86,87, and 88 under Auditor's File No. 9306030080, and as identified by Declaration record June 3, 1993, under Auditor's File No. 9306030081.

Parcel ID: P103194

eyeBrain Medical:1 ea NeuroLens System, Shipping
DK Systems Inc: Replace Trane Control System with New Distech Digital Control System- remove old, ducting, install, 8new zone controllers, 8new digital heating/cooling thermostats, equipment interface, indoor blower vfd controller, duct pressure, control wiring, relcate, start/test system, training, permit, 1yr parts & labor warranty and a security interest in all accounts, contract rights, equipment, instruments, general intangibles and all proceeds of the foregoing.

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/Licensor

8. OPTIONAL FILER REFERENCE DATA:
68196057 48470

**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

Mount Vernon Vision Source PS Inc

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

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

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):

John-Mark Investments, Inc.  
14430 Channel Dr  
La Conner, Washington 98257-4731

16. Description of real estate:

Parcel ID:  
P103194

Unit 3, "College Way Office Complex Condominium",  
as shown on Survey and Floor Plans record June 3,  
1993 in Volume 15 of Plats, page 86,87, and 88 under  
Auditor's File No. 9306030080, and as identified by  
Declaration record June 3, 1993, under Auditor's File  
[ See Exhibit for Real Estate ]

17. MISCELLANEOUS: 68196057-WA-57 14084 - BFG CORPORATION - BY BFG Corporation

File with: Skagit, WA 48470

**Debtor:** Mount Vernon Vision Source PS Inc

**Exhibit for Real Estate**

**16. Description of real estate:** Continued

No. 9306030081.

UNOFFICIAL DOCUMENT