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02/19/2019 03:10 PM Pages: 1 of 3 Fees: \$101.00

Skagit County Auditor, WA

COMM AVE & ALSO TGW S1/2 VAC 15TH ST N LN 17TH ST & E LN COMMERCIAL AVE TI DEEDED TO SEATTLE & MONTANA RR CO ALG N LN 17TH ST 9.8FT TH N 0-35-45 E PLT ST 47.35FT TO INT OF E LN COMMERCIAL A E 92.68FT TO TPB  Site Address: 1519 Commercial Ave., Anacortes, 5. Check only if applicable and check only one box: Collateral is held in a 5a. Check only if applicable and check only one box:  Public-Finance Transaction Manufactured-Home Transact 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	HE ALG N LN 17TI BY DEED REC 08-1 E LN COMMERCI. AVE & SWLY LN SI WA. 98221  Trust (see UCC1Ad, item 17 a	1-02 VOL 47 AL AVE 84.73 D SEATTLE &	PG 405& T.  BFT TH N 8  MONTAN  being administer  6b. Check gnly i	PB TH FR SD TP 9-24-15 W PLT N VA RR CO TR TE ed by a Decedent's Persor applicable and check enty ural Lien Non-UCC	B CONT I LN 17TH I S 21-18-
N LN 17TH ST & E LN COMMERCIAL AVE TO DEEDED TO SEATTLE & MONTANA RR CO LALG N LN 17TH ST 9.8FT TH N 0-35-45 E PLT ST 47.35FT TO INT OF E LN COMMERCIAL A E 92.68FT TO TPB  Site Address: 1519 Commercial Ave., Anacortes,  5. Check only if applicable and check only one box: Collateral is held in a case. Check only if applicable and check only one box:	HE ALG N LN 17TI BY DEED REC 08-1 E LN COMMERCI. AVE & SWLY LN SI WA. 98221  Trust (see UCC1Ad, item 17 a	1-02 VOL 47 AL AVE 84.73 D SEATTLE &	PG 405& TBFT TH N 8' MONTAN  being administer  6b. Check only if	PB TH FR SD TP 9-24-15 W PLT N VA RR CO TR TE	B CONT I LN 17TH I S 21-18-
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TOWNSHIP 35; SECTION: 19; RANGE:02					
the goods are to become fixtures on the property	regany described as.	IARCEL	1 32303, AIC	11D. 330217-0-00.	2-0004
COLLATERAL: This financing statement covers the following collateral line goods are to become fixtures on the property	legally described as:	PADCET# J	P32000+ Vra	ЛD: 350210 0.00	2_0004
PO Box 3365	Spokane		WA	99220	
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
R 36. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3a. ORGANIZATION'S NAME URM Stores, Inc					
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR	R SECURED PARTY) Provide	only one Secured Par	ty name (3a or 3b	)	
					<u> </u>
MAILING ADDRESS	CITY	<del></del>	STATE	POSTAL CODE	COUNTRY
V.					
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME	ADDITIQ	NAL NAME(S)/INITIAL(S)	SUFFIX
2a. ORGANIZATION'S NAME					
name will not fit in line 2b, leave all of item 2 blank, check here and p	provide the Individual Debtor inf	ormation in item 10 of	f the Financing Sta	tement Addendum (Form L	ICC1Ad)
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exa					
519 Commercial Ave.	Anacortes		WA	98221	
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
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The Market at Amacol tes  1b. INDIVIDUAL'S SÜRNAME	FIRST PERSONAL NA	ME	IADDITIO	NAL NAME(S):INITIAL(S)	SUFFIX
1a. ORGANIZATION'S NAME The Market at Anacortes					
	rovide the Individual Debtor inf	ormation in Item 10 of	the Financing Sta	ilement Addendum (Form L	ICC1Ad)
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exc					
		THE ABOVE	SPACE IS FO	R FILING OFFICE USE	ONLY
Spokane, WA. 99220	, I				
PO Box 3365					
URM Stores, Inc.	'				
	$\neg$ I				
. SEND ACKNOWLEDGMENT TO: (Name and Address)					
rharrison@urmstores.com					
. E-MAIL CONTACT AT FILER (optional)					
NAME & PHONE OF CONTACT AT FILER (optional)  Randi Harrison 509-467-3617					
DLLOW INSTRUCTIONS					
CC FINANCING STATEMENT					

	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Final because Individual Debtor name did not fit, check here	ancing Statement; if line 1b was left blank			
	18a. ORGANIZATION'S NAME				
	The Market at Anacortes				
OR	18b. INDIVIDUAL'S SURNAME	<del></del>			
	FIRST PERSONAL NAME	<del></del> :			
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
			THE ABOVE SPACE IS	S FOR FILING OFFICE	USE ONLY
9.	ADDITIONAL DEBTOR'S NAME: Provide only one Deb	tor name (19a or 19b) (use exact, full name, do not omit	t, modify, or abbreviate any	y part of the Debtor's name	)
	19a. ORGANIZATION'S NAME		_		
)R	19b. INDIVIDUAL'S SURNAME	15:005 555000000000000000000000000000000			
	19B. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
o <sub>c</sub>	MAILING ADDRESS	СПУ	STATE	POSTAL CODE	COUNTRY
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'n	ADDITIONAL DEBTOR'S NAME Provide only one Deb	olor name (20a or 20b) (use exact, full name; do not omi	h — dif. — dha . dat —		<del>.</del>
	20a. ORGANIZATION'S NAME	tion figure (200 of 200) (use exact, for figure, up flot office	it, modity, or abbreviate an	y part of the Debtor's name	,
ЭR	20b. INDIVIDUAL'S SURNAME				
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	200. 110011100112 0 00111411112	FIRST PERSONAL NAME	ADDITION	VAL NAME(S)/INITIAL(S)	SUFFIX
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	MAILING ADDRÉSS	СІТУ	STATE	POSTAL CODE	COUNTRY
21.	MAILING ADDRESS  ADDITIONAL DEBTOR'S NAME Provide only gne Deb	СІТУ	STATE	POSTAL CODE	COUNTRY
21.	MAILING ADDRÉSS	СІТУ	STATE	POSTAL CODE	COUNTRY
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21. OR	MAILING ADDRESS  ADDITIONAL DEBTOR'S NAME Provide only one Deb 21a. ORGANIZATION'S NAME	CITY stor name (21a or 21b) (use exact, full name; do not omit	STATE  t, modify, or abbreviate any  ADDITION	POSTAL CODE	COUNTRY
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21. OR	MAILING ADDRESS  ADDITIONAL DEBTOR'S NAME Provide only one Deb 21a. ORGANIZATION'S NAME  21b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  ADDITIONAL SECURED PARTY'S NAME of 22a. ORGANIZATION'S NAME	CITY  stor name (21a or 21b) (use exact, full name; do not omit  FIRST PERSONAL NAME	t, modify, or abbreviate and ADDITION	POSTAL CODE  y part of the Debtor's name  NAL NAME(S)/INITIAL(S)  POSTAL CODE	COUNTRY
21c.	MAILING ADDRESS  ADDITIONAL DEBTOR'S NAME Provide only one Deb 21a. ORGANIZATION'S NAME  21b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  ADDITIONAL SECURED PARTY'S NAME or 22a. ORGANIZATION'S NAME  URM Insurance Agency, Inc.	CITY  Nor name (21a or 21b) (use exact, full name; do not omit  FIRST PERSONAL NAME  CITY	t, modify, or abbreviate and ADDITION	POSTAL CODE  y part of the Debtor's name  NAL NAME(S)/INITIAL(S)  POSTAL CODE	COUNTRY
21. OR	MAILING ADDRESS  ADDITIONAL DEBTOR'S NAME Provide only one Deb 21a. ORGANIZATION'S NAME  21b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  ADDITIONAL SECURED PARTY'S NAME of 22a. ORGANIZATION'S NAME	CITY  Nor name (21a or 21b) (use exact, full name; do not omit  FIRST PERSONAL NAME  CITY	t, modify, or abbreviate any ADDITION STATE  ME: Provide only gne nati	POSTAL CODE  y part of the Debtor's name  NAL NAME(S)/INITIAL(S)  POSTAL CODE	COUNTRY
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21. OR 21c. 22. P(	MAILING ADDRESS  ADDITIONAL DEBTOR'S NAME Provide only 900 Deb 210. ORGANIZATION'S NAME  21b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  ADDITIONAL SECURED PARTY'S NAME of 1220. ORGANIZATION'S NAME URM Insurance Agency, Inc. 22b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  BOX 3365  ADDITIONAL SECURED PARTY'S NAME of 1220.	CITY  Hor name (21a or 21b) (use exact, full name; do not omit  FIRST PERSONAL NAME  CITY  ASSIGNOR SECURED PARTY'S NA  FIRST PERSONAL NAME  CITY	ADDITION  STATE  ADDITION  ADDITION  ADDITION  STATE  ADDITION  STATE  WA	POSTAL CODE  NAL NAME(S)/INITIAL(S)  POSTAL CODE  MAL NAME(S)/INITIAL(S)  POSTAL CODE  POSTAL CODE  POSTAL CODE  99220	SUFFIX  SUFFIX
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21. OR 21c. 22c. P(23.	MAILING ADDRESS  ADDITIONAL DEBTOR'S NAME Provide only one Deb 21a. ORGANIZATION'S NAME  21b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  ADDITIONAL SECURED PARTY'S NAME of 22a. ORGANIZATION'S NAME URM Insurance Agency, Inc. 22b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  BOX 3365  ADDITIONAL SECURED PARTY'S NAME of 23a. ORGANIZATION'S NAME	CITY  FIRST PERSONAL NAME  CITY  ASSIGNOR SECURED PARTY'S NA  FIRST PERSONAL NAME  CITY  Spokane	ADDITION  STATE  ADDITION  STATE  ADDITION  STATE  ADDITION  STATE  WA  ME: Provide only <u>one</u> nar	POSTAL CODE  NAL NAME(S)/INITIAL(S)  POSTAL CODE  MAL NAME(S)/INITIAL(S)  POSTAL CODE  POSTAL CODE  POSTAL CODE  99220	SUFFIX  SUFFIX
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- 1	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Fo because Individual Debtor name dld not fit, check here	inancing Statement; If line 1b was	left blank			
	18a. ORGANIZATION'S NAME	·				
	The Market at Anacortes					
OR	18b, INDIVIDUAL'S SURNAME					
	190. INDIVIDUAL S SURVAME					
	FIRST PERSONAL NAME					
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX			
				THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
9.	ADDITIONAL DEBTOR'S NAME: Provide only one De	ebior name (19a or 19b) (use exa	ct, full name, do n			
	19a. ORGANIZATION'S NAME				.,,	<u>.</u>
OR	19b. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME	ADDIT	ONAL NAME(S)/INITIAL(S)	SUFFIX
9c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
20.	ADDITIONAL DEBTOR'S NAME Provide only one D	ebtor name (20a or 20b) (use exa	ct, full name; do n	ot omit, modify, or abbreviate	any part of the Debtor's nam	<b>6</b> )
	203. URGANIZATIONS NAME					
DR	20h INDIVIDHAL'S SURNAME	FIRST PER	SONAL NAME	LAODIT	ONAL NAME/SVINITIAL (S)	SHEER
DR	20b. INDIVIDUAL'S SURNAME	FIRST PER	ISONAL NAME	ADDIT	ONAL NAME(S)/INITIAL(S)	SUFFIX
OR.	20b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PER	ISONAL NAME			
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21.		СЛТҮ		STATE	POSTAL CODE	COUNTRY
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21. OR	MAILING ADDRESS  ADDITIONAL DEBTOR'S NAME Provide only one D  21a. ORGANIZATION'S NAME	CITY ebtor name (21a or 21b) (use exa	ct, full name; do n	STATE only, or abbreviate	POSTAL CODE  any part of the Debtor's name  IONAL NAME(S)/INITIAL(S)	COUNTRY
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21. 21.	MAILING ADDRESS  ADDITIONAL DEBTOR'S NAME Provide only one D  21a. ORGANIZATION'S NAME  21b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  ADDITIONAL SECURED PARTY'S NAME of Deirone Produce Company	ebtor name (21a or 21b) (use exa FIRST PER CITY  ASSIGNOR SECU	ct, full name; do n	STATE  STATE  ADDIT  STATE  STATE  S NAME: Provide only one	POSTAL CODE  any part of the Debtor's name  ONAL NAME(S)/INITIAL(S)  POSTAL CODE	COUNTRY e)
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21. DR	MAILING ADDRESS  ADDITIONAL DEBTOR'S NAME Provide only one D  21s. ORGANIZATION'S NAME  21b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  ADDITIONAL SECURED PARTY'S NAME of Deirone Produce Company  22b. INDIVIDUAL'S SURNAME	EITY  ebtor name (21a or 21b) (use exa  FIRST PER  CITY  ASSIGNOR SECU  FIRST PER	ISONAL NAME  RED PARTY	STATE  STATE  ADDIT  STATE  STATE  S NAME: Provide only ons	POSTAL CODE  any part of the Debtor's name  ONAL NAME(S)/INITIAL(S)  POSTAL CODE  IONAL NAME(S)/INITIAL(S)  POSTAL CODE	SUFFIX COUNTRY
20c. 21. DR 22c.	MAILING ADDRESS  ADDITIONAL DEBTOR'S NAME Provide only one D  21a. ORGANIZATION'S NAME  21b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  ADDITIONAL SECURED PARTY'S NAME of Deirone Produce Company  22a. ORGANIZATION'S NAME  Peirone Produce Company  22b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  O Box 3365	ebtor name (21a or 21b) (use exa  FIRST PER  CITY  ASSIGNOR SECU  FIRST PER  CITY  Spoka	ct, full name; do n	STATE  STATE  ADDIT  STATE  S NAME: Provide only one  ADDIT  STATE  WA	POSTAL CODE  any part of the Debtor's name  ONAL NAME(S)/INITIAL(S)  POSTAL CODE  name (22a or 22b)  ONAL NAME(S)/INITIAL(S)  POSTAL CODE  POSTAL CODE	SUFFIX  SUFFIX
20c. 21. DR 22c.	MAILING ADDRESS  ADDITIONAL DEBTOR'S NAME Provide only one D  21s. ORGANIZATION'S NAME  21b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  ADDITIONAL SECURED PARTY'S NAME of Deirone Produce Company  22s. ORGANIZATION'S NAME  Peirone Produce Company  22b. INDIVIDUAL'S SURNAME	ebtor name (21a or 21b) (use exa  FIRST PER  CITY  ASSIGNOR SECU  FIRST PER  CITY  Spoka	ct, full name; do n	STATE  STATE  ADDIT  STATE  S NAME: Provide only one  ADDIT  STATE	POSTAL CODE  any part of the Debtor's name  ONAL NAME(S)/INITIAL(S)  POSTAL CODE  name (22a or 22b)  ONAL NAME(S)/INITIAL(S)  POSTAL CODE  POSTAL CODE	SUFFIX SUFFIX
11. 11. 12. 12. 12.	MAILING ADDRESS  ADDITIONAL DEBTOR'S NAME Provide only one D 21s. ORGANIZATION'S NAME  21b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  ADDITIONAL SECURED PARTY'S NAME of Deirone Produce Company  22b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  BOAN 3365  ADDITIONAL SECURED PARTY'S NAME of DOWN AND DESCRIPTIONAL SECURED PARTY'S NAME of DOWN AND DESCRIPTIONAL SECURED PARTY'S NAME of DATE of	ebtor name (21a or 21b) (use exa  FIRST PER  CITY  ASSIGNOR SECU  FIRST PER  CITY  Spoka	ct, full name; do n	STATE  STATE  ADDIT  STATE  S NAME: Provide only one  ADDIT  STATE  WA	POSTAL CODE  any part of the Debtor's name  ONAL NAME(S)/INITIAL(S)  POSTAL CODE  name (22a or 22b)  ONAL NAME(S)/INITIAL(S)  POSTAL CODE  POSTAL CODE	SUFFIX SUFFIX
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21. 21. 22. 22. 22.	MAILING ADDRESS  ADDITIONAL DEBTOR'S NAME Provide only one D  21s. ORGANIZATION'S NAME  21b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  ADDITIONAL SECURED PARTY'S NAME of Debt one Produce Company  22s. ORGANIZATION'S NAME  MAILING ADDRESS  MAILING ADDRESS  BOX 3365  ADDITIONAL SECURED PARTY'S NAME of Debt one Produce Company  23s. ORGANIZATION'S NAME	EITY  PER  FIRST PER  CITY  ASSIGNOR SECU  FIRST PER  CITY  Spoka	ISONAL NAME  RED PARTY  ISONAL NAME  RED PARTY	STATE  ADDIT  STATE  S NAME: Provide only one  ADDIT  STATE  ADDIT  STAT	POSTAL CODE  any part of the Debtor's name  ONAL NAME(S)/INITIAL(S)  POSTAL CODE  name (22a or 22b)  ONAL NAME(S)/INITIAL(S)  POSTAL CODE  99220  name (23a or 23b)	SUFFIX  COUNTRY  SUFFIX  COUNTRY