201902190135

02/19/2019 03:12 PM Pages: 1 of 3 Fees: \$101.00

Skagit County Auditor, WA

Site Address: 530 Crossroads Sq., Sedro-Woolle	a Trust (see UCC1Ad, item	6b.	Check only i	red by a Decedent's Person f applicable and check only ural Lien Non-UC	one box:
Site Address: 530 Crossroads Sq., Sedro-Woolle 5. Check only if applicable and check only one box: Collateral is held in the collateral in the collateral is held in the collateral in the collater	a Trust (see UCC1Ad, item	6b.	Check only i	applicable and check only	one box:
Site Address: 530 Crossroads Sq., Sedro-Woolle					
	y, WA. 98284				
	y, WA. 98284				
SOUVERE OF WILLSDIFF FIN W-II-II W					
55.00 FT E OF W LI SD LT 2 TH N 00-11-11 W	226.67 FT TO PO	В			
2 545.99 FT TH E 55.00 FT TO POB TH CONT			226.67 F	T TH W 198.66 I	T TAP
& 10 AKA PTN TR 2 S/P SW 2-84 AF #85011400	002 DAF COM AT	SW COR SD LT 2	TH N 00	1-11-11 W ALG W	LI SD L
FT TH S 226.67 FT TH W 198.66 FT TAP 55.00					
SEDRO AC, LOT 1, ACRES 1.04, LTS 1 2 8 9 & SD LT 2 TH N 00-11-11 W ALG W LI SD LT 2 9					
SEDBO AC LOT1 ACDES 104 LTS 1200 0	10 AKA DTN TD	2 S/D SW 2-94 AE	8501140	OO2 DAT COM 4	T SW C
FOWNSHIP: 35; SECTION: 23; RANGE: 04					
The goods are to become fixtures on the property	iegany described	as: PARCEL# P10	0335; Xr	eriiD 4170-000-00)	1-0401
COLLATERAL: This financing statement covers the following collateral		DADCET SE	225 37	.CTD 4150 000 000	0.40*
PO Box 3365	Spokane		WA	99220	
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTR
30. INDIVIDUAL'S SURNAME	FIRST PERSONA	LNAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFI		SUFFIX
URM Stores, Inc 3b. INDIVIDUAL'S SURNAME	Irinas assa a		(ABOUT)		In the second
3a. ORGANIZATION'S NAME					
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNO	R SECURED PARTY): Pro	vide only one Secured Party na	me (3a or 3b)	
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
2b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
R					
28. ORGANIZATION'S NAME					
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use en name with not fit in line 2b, leave all of item 2 blank, check here and		modify, or abbreviate any part or information in item 10 of the			
330 Crossroads Sq	Sedro - Woolley		WA	98284	
. MAILING ADDRESS 530 Crossroads Sa	Sedro Woolley		STATE	POSTAL CODE	COUNTR
1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIONAL NAME(S):INITIAL(S) SUFFIX		SUFFIX
Sedro - Woolley Food Pavilion					
1a. ORGANIZATION'S NAME				· · · · · · · · · · · · · · · · · · ·	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use en name will not fit in line 1b, leave all of item 1 blank, check here		modify, or abbreviate any part ir information in item 10 of the			
DEDTODIC ALLES				R FILING OFFICE USE	
	11				
Spokane, WA. 99220					
URM Stores, Inc. PO Box 3365					
TIDM Carres Inc.	1				
College Administration (Name and Address)	—				
rharrison@urmstores.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
B. E-MAIL CONTACT AT FILER (optional)					
Randi Harrison 509-467-3617					
A. NAME & PHONE OF CONTACT AT FILER (optional)					
JCC FINANCING STATEMENT OLLOW INSTRUCTIONS					
ICC FINANCING STATEMENT					

	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing because Individual Debtor name did not fit, check here	Statement; if line 1b was left blank		
	18a. ORGANIZATION'S NAME			
	Sedro - Woolley Food Pavilion			
R	18b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME			
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
			HE ABOVE SPACE IS FOR FILING OFFICE L	JSE ONLY
9.	ADDITIONAL DEBTOR'S NAME: Provide only and Debtor nar	ne (19a or 19b) (use exact, full name; do not omit, r	modify, or abbreviate any part of the Debtor's name)	
	19a, ORGANIZATION'S NAME			
OR	19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
9¢.	. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
_				<u> </u>
20.	ADDITIONAL DEBTOR'S NAME Provide only one Debtor nat 20a. ORGANIZATION'S NAME	me (20a or 20b) (use exact, full name; do not omit, i	modify, or abbreviate any part of the Debtor's name)	
_				
R	20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
0c	MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
)1	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor na	me (21a or 21b) (use evast full name: do not omit o	modify or physolinta row part of the Dables's general	
• • • •	21a. ORGANIZATION'S NAME	ine (2.12 or 2.15) (and analy in that ine; and that aring,	nowing or appreciate any part of the Deptol 2 harries	
)R				
	216. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10	MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
_	ADDITIONAL SECURED PARTY'S NAME of	ASSIGNOD SECURED BARTYS NAME	E. B. M	<u> </u>
٠	22a. ORGANIZATION'S NAME	ASSIGNOR SECURED PARTY'S NAM	IC: Provide only one name (22a or 22b)	
70	URM Insurance Agency, Inc.			
J IN	22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	MAILING ADDRESS O Box 3365	Spokane	STATE POSTAL CODE WA 99220	COUNTRY
		ASSIGNOR SECURED PARTY'S NAM		
				
	23a, ORGANIZATION'S NAME			
3.	URM Development Corportion	EIRET DEDECMAI MANE	ADDITIONAL MANAGEMENTS (C)	Terreio
		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c.	URM Development Corportion	FIRST PERSONAL NAME CITY Spokane	ADDITIONAL NAME(S)/INITIAL(S) STATE POSTAL CODE WA 9922()	SUFFIX

UCC FINANCING STATEMENT ADDITIONAL PARTY **FOLLOW INSTRUCTIONS** 18. 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 18a ORGANIZATION'S NAME Sedro - Woolley Food Pavilion 18b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 19a, ORGANIZATION'S NAME OR 196. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 19c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 20a, ORGANIZATION'S NAME OR 20b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 20c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 21a, ORGANIZATION'S NAME OR 21b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 21c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 22. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b) 2a. ORGANIZATION'S NAME **Peirone Produce Company** OR 22b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 22c. MAILING ADDRESS STATE POSTAL CODE COUNTRY PO Box 3365 WA 99220 Spokane 23. ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b) 23a. ORGANIZATION'S NAME 236. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(\$i SUFFIX 23c MAILING ADDRESS STATE POSTAL CODE COUNTRY 24. MISCELLANEOUS: