



**201910030033**

10/03/2019 11:05 AM Pages: 1 of 3 Fees: \$105.50  
Skagit County Auditor

FILED FOR RECORD AT THE  
REQUEST OF/RETURN TO:  
Skagit Law Group, PLLC  
P. O. Box 336 / 227 Freeway Drive, Suite B  
Mount Vernon, WA 98273

---

|                                  |  |
|----------------------------------|--|
| Document Title:                  | UCC FINANCING STATEMENT  |
| Grantors:                        | TRI-COUNTY RECYCLING, INC., a Washington Corporation, and PETER CONIJN, individually   |
| Grantee:                         | DAHLSTEDT FAMILY PROPERTIES, LLC, a Washington limited liability company   |
| Additional Grantor(s) on page(s) |  |
| Additional Grantee(s) on page(s) |  |
| Abbreviated Legal:               | Lot 1, BSP PL07-0187, being ptn NW ¼ Section 9, Township 34 North, Range 3 East, W.M. ; & Tract 2 S/P 14-83, being ptn N ½ NW ¼ NW ¼ |
| Additional Legal on page(s)      |  |
| Assessor's Tax Parcel No.:       | 8087-000-000-0001; P130699<br>340309-2-003-0100; P21275  |

---

UNOFFICIAL DOCUMENT

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

|   |
|---|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br><b>Rachel Franulovich 360-336-1000</b>                                      |
| B. E-MAIL CONTACT AT FILER (optional)<br><b>rachel@skagitlaw.com</b>  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><b>Skagit Law Group, PLLC<br/>P.O. Box 336<br/>Mount Vernon WA USA 98273</b> |

Date of Filing : 10/02/2019  
Time of Filing : 12:07:00 PM  
File Number : 2019-275-8912-2  
Lapse Date : 10/02/2024

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<br><b>TRI-COUNTY RECYCLING, INC.</b> |                           |                     |   |
| OR   | 1b. INDIVIDUAL'S SURNAME  | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX              |
| 1c. MAILING ADDRESS<br><b>302 GILKEY ROAD</b>                |                           |                     |   |
|  | CITY<br><b>BURLINGTON</b> | STATE<br><b>WA</b>  | POSTAL CODE<br><b>98233</b> COUNTRY<br><b>USA</b> |

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<br><b>CONIJN</b> | FIRST PERSONAL NAME<br><b>PETER</b> | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX              |
| 2c. MAILING ADDRESS<br><b>302 GILKEY ROAD</b> |   |                                     |   |
|   | CITY<br><b>MOUNT VERNON</b>               | STATE<br><b>WA</b>                  | POSTAL CODE<br><b>98273</b> COUNTRY<br><b>USA</b> |

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<br><b>DAHLSTEDT FAMILY PROPERTIES, LLC</b> |                             |                     |   |
| OR   | 3b. INDIVIDUAL'S SURNAME    | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX              |
| 3c. MAILING ADDRESS<br><b>13048 FARM-TO-MARKET ROAD</b>            |                             |                     |   |
|  | CITY<br><b>MOUNT VERNON</b> | STATE<br><b>WA</b>  | POSTAL CODE<br><b>98273</b> COUNTRY<br><b>USA</b> |

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

**All Accounts; As-extracted Collateral; Chattel Paper; Commodity Accounts; Commodity Contracts; Deposit Accounts; Documents; Equipment; Farm Products; Fixtures; General Intangibles; Goods, and all accessions thereto and goods with which the goods are commingled; Instruments; Inventory; Investment Property; Payment Intangibles; Promissory Notes.**

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<br><b>TRI-COUNTY RECYCLING, INC.</b> |        |
| OR   |        |
| 9b. INDIVIDUAL'S SURNAME                                     |        |
| FIRST PERSONAL NAME  |        |
| ADDITIONAL NAME(S)/INITIAL(S)                                | SUFFIX |

Date of Filing : 10/02/2019  
Time of Filing : 12:07:00 PM  
File Number : 2019-275-8912-2  
Lapse Date : 10/02/2024

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):

16. Description of real estate:

17. MISCELLANEOUS: