

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Randi Harrison
B. E-MAIL CONTACT AT FILER (optional) rharrison@urmstores.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Randi Harrison URM Stores, Inc PO BOX 3365 Spokane, WA 99220

POOR ORIGINAL

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 UCC-Ad)

1a. ORGANIZATION'S NAME A.H.M.R. Inc					
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS 44546 State Route 20, PO Box 366		CITY Concrete	STATE WA	POSTAL CODE 98237	COUNTRY 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 UCC-Ad)

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 URM Stores, IncG					
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS PO BOX 3365		CITY Spokane	STATE WA	POSTAL CODE 99220	COUNTRY USA

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

The goods are to become fixtures on the property legally described as:

Parcel #P104589

QTR NE Section: 09 Township: 35 Range: 08

(.9200 ac) PTN W1/2 SW1/4 NE 1/4 DAF BAAP S LN SSH 17-A & W LN SD SUBDIV TH SELY ALG SWLY BDY SD HWY 200FT TH S PLW W LN SW 1/4 NE 1/4 200FT TH NWLY PLT SWLY BDY SD HWY 200FT TO W LN SD SUBDIV TH NLY ALG W LN TH OF 200FT M/L TPOB

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	
6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA: 415 Alberts Red Apple - County	

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 fill, check here ☐

18a. ORGANIZATION'S NAME

A.H.M.R. Inc

OR

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

19b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

19c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

USA

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)

22a. ORGANIZATION'S NAME

URM Development Corp

OR

22b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

22c. MAILING ADDRESS

PO BOX 3365

CITY

Spokane

STATE

WA

POSTAL CODE

99220

COUNTRY

USA

23. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME

URM Insurance Agency

OR

23b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

23c. MAILING ADDRESS

PO Box 3365

CITY

Spokane

STATE

WA

POSTAL CODE

99220

COUNTRY

USA

24. MISCELLANEOUS:

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 fill, check here ☐

18a. ORGANIZATION'S NAME

A.H.M.R., Inc

OR

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

19b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

19c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

USA

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)

22a. ORGANIZATION'S NAME

Peirone Produce Co., Inc

OR

22b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

22c. MAILING ADDRESS

PO BOX 3365

CITY

Spokane

STATE

WA

POSTAL CODE

99220

COUNTRY

USA

23. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME

OR

23b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

23c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

24. MISCELLANEOUS:

EXHIBIT "A"

SECTION A. COLLATERAL:

1. **URM Stores, Inc.**, All amounts due to the Debtor, hereinafter referred to as the "Member", from any Secured Party, and all of the interest of the Member in URM Stores, Inc., including without limitation, the following collateral:

a. All shares of the capital stock of URM Stores, Inc., of all classes owned or subscribed for by the Member and all payments of the Member for such capital stock or stock subscription and all amounts due to the Member in redemption thereof.

b. All patronage dividends which are payable to the Member from URM Stores, Inc., or which have accrued for the account of the Member.

c. All qualified or nonqualified written notices of allocation issued by URM Stores, Inc., which are held by the Member.

d. All other amounts attributable to capital payments of the Member to URM Stores, Inc., or attributable to overcharges, rebates, allowances, incentives, cost equalization, volume discounts or savings on the purchases of the Member from any Secured Party, either allocated or unallocated.

e. All documents and instruments issued by URM Stores, Inc., evidencing or representing any of the foregoing.

2. **Equipment**. All equipment now owned or hereafter acquired by the Member which is held, used or bought for use in the business of the Member, or otherwise located at the business location(s) described below.

3. **Fixtures**. All fixtures now owned or hereafter acquired by the Member which are located on or relate to the real property used in connection with the business of the Member, or otherwise located at the business location(s) described below.

4. **Inventory**. All inventory now owned or hereafter acquired by the Member including, without limitation, all merchandise and supplies held for sale or use in the business of the Member, or otherwise located at the business location(s) described below.

5. **Accounts**. All accounts now owned or hereafter acquired by the Member including, without limitation, all rights to payment for goods sold or leased or services rendered in connection with the business of the Member.

6. **Other Collateral**. All other goods, accessions, accounts, documents, instruments, chattel paper and general intangibles used or held in connection with the business of the Member. If the Member leases any real property upon which the Member is doing business or leases any equipment utilized in the business of the Member, the Member hereby assigns the interest of the Member as lessee under all such

EXHIBIT "A"

leases to the Secured Party as security for all obligations secured hereby, and the collateral shall include all fixtures and leasehold improvements thereto and all right, title and interest of the Member in any such lease and the property described therein.

7. **After Acquired Collateral.** All property hereafter acquired in connection with the business of the Member, including all property of the type hereinabove described or similar thereto and all additions to such property, increases therein and replacements thereof.

8. **Proceeds and Products.** All proceeds from the sale, exchange, collection or other disposition of collateral and all products of the collateral.

SECTION B. BUSINESS OF MEMBER:

1. The Member is presently engaged in the retail grocery business and is presently doing business under the trade name of A.H.M.R. Inc
2. The business of the Member is presently located at:
44546 State Route 20
Concrete, WA 98237

SECTION C. LOCATION OF COLLATERAL:

1. All collateral described in Item 1 of Section A of this Exhibit is presently in the possession of the Secured Party.
2. All collateral described in Items 2, 3, 4, 5, and 6 of Section A above is presently used in and located at the Member's business at the location(s) set forth in Section B above.