

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

|                                                                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>CSC 1-800-858-5294                                                                                                 |  |
| B. E-MAIL CONTACT AT FILER (optional)<br>SPRFiling@cscglobal.com                                                                                                     |  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br>2219 42880<br>CSC<br>801 Adlai Stevenson Drive<br>Springfield, IL 62703<br><br>Filed In: Washington<br>(Skagit) |  |

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            |                                  |                      |                                |                               |                |
| OR                                 | 1b. INDIVIDUAL'S SURNAME<br>BOSS |                      | FIRST PERSONAL NAME<br>MICHAEL | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX         |
| 1c. MAILING ADDRESS 1918 AEMMER ST |                                  | CITY<br>MOUNT VERNON | STATE<br>WA                    | POSTAL CODE<br>98274          | COUNTRY<br>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<br>BOSS |                      | FIRST PERSONAL NAME<br>CAROL | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX         |
| 2c. MAILING ADDRESS 1918 AEMMER ST |                                  | CITY<br>MOUNT VERNON | STATE<br>WA                  | POSTAL CODE<br>98274          | COUNTRY<br>USA |

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 1st Security Bank of Washington |                          |                  |                     |                               |                |
| OR                                                      | 3b. INDIVIDUAL'S SURNAME |                  | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX         |
| 3c. MAILING ADDRESS P. O. Box 97000                     |                          | CITY<br>Lynnwood | STATE<br>WA         | POSTAL CODE<br>98046          | COUNTRY<br>USA |

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

WINDOWS

APN: P124845

Lot 1, SHORT PLAT NO. LU-06-SP-033, approved July 24, 2006, recorded July 27, 2006, under Auditor's File No. 200607270148, records of Skagit County, Washington.  
Situating in Skagit County, Washington.

|                                                                                                                                                                                                                                                         |  |  |                                                                                                                                                          |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 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:<br><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:<br><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: :5152053890: BOSS: DEBTOR                                                                                                                                                                                             |  |  |                                                                                                                                                          |  |  |

2219 42880

**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

OR

9b. INDIVIDUAL'S SURNAME

BOSS

FIRST PERSONAL NAME

MICHAEL

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):

16. Description of real estate:

17. MISCELLANEOUS: