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03/22/2023 01:58 PM Pages: 1 of 2 Fees: \$204.50

Skagit County Auditor, WA

A. NAME a PHONE OF CONTACT AT FILER (optional) B. E-MAIL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) Craft3 PO Box \$30233 Atlanta, GA 30353-0233 Atlanta, GA 30353-0233 THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL THE ABOVE SPACE IS FOR FILING OFFICE USE ONL TH	C FINANCING STATEMENT				
C. SEND ACKNOWLEDGMENT TO. (Name and Address) Craft3 PO Box 530233 Atlanta, GA 30353-0233 L. DEBTOR'S NAME: Provide only gaz Debtor name (it are 1tb) (size exact, full name; do not mit, modily, or abbreviate any part of the Debtor, same); if any part of the Individual Debtor information in item 10 of the Financing Statement Addression (From UCCT) Its. CREAKIZATION'S NAME Its. INDIVIDUAL'S SURNAME Voting Kimberley Kimberley Rea CITY STATE ROSTAL CODE CY130 Burmaster Rd 2. DEBTOR'S NAME: Provide only gaz Debtor name (2b or 2b) (size exact, full name, do not omit, modily, or abbreviate any part of the Debtors name; if any part of the Individual Debtor information in item 10 of the Financing Statement Addression (From UCCT) STATE ROSTAL CODE CY130 Burmaster Rd 2. DEBTOR'S NAME: Provide only gaz Debtor name (2b or 2b) (size exact, full name, do not omit, modily, or abbreviate any part of the Debtors name; if any part of the Individual Debtor information in item 10 of the Financing Statement Addression (From UCCT) 2. DEBTOR'S NAME: Provide only gaz Debtor name (2b or 2b) (size exact, full name, do not omit, modily, or abbreviate any part of the Debtors name; if any part of the Individual Debtor information in item 10 of the Financing Statement Addression (From UCCT) 2. DEBTOR'S NAME: Provide only gaz Debtor name (2b or 2b) (size exact, full name, do not omit, modily, or abbreviate any part of the Debtors name; if any part of the Individual Debtor information in item 10 of the Financing Statement Addression (From UCCT) 2. DEBTOR'S NAME: Provide only gaz Debtor name (2b or 2b) (size exact, bring individual Debtor information in item 10 of the Financing Statement Addression (From UCCT) 3. SECURED PARTY'S NAME 3. SECURED PARTY'S NAME FRIST PERSONAL NAME ADDITIONAL NAME(S)/NITIAL(S) 3. SECURED PARTY'S NAME FRIST PERSONAL NAME ADDITIONAL NAME(S)/NITIAL(S) 3. SECURED PARTY'S NAME FRIST PERSONAL NAME ADDITIONAL NAME(S)/NITIAL(S) 5. Debt gaz is applicable and check ago one box: Collabratia in India in a	IAME & PHONE OF CONTACT AT FILER (optional)				
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7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/		Transaction A Debtor is a Transmitting Utility			
3. OPTIONAL FILER REFERENCE DATA:		sor Consignee/Consignor Seller	/Buyer Ba	ailee/Bailor Lice	nsee/Licensor

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 9b. INDIVIDUAL'S SURNAME Young FIRST PERSONAL NAME Kimberley ADDITIONAL NAME(S)/INITIAL(S) Rae 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 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS POSTAL CODE COUNTRY STATE CITY 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) 11c. MAILING ADDRESS POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. X 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 X 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) A PARCEL OF LAND LOCATED IN THE STATE OF WASHINGTON, COUNTY OF SKAGIT, WITH A SITUS ADDRESS OF 27130 BURMASTER RD, SEDRO WOOLLEY, WA 98284-9053 CURRENTLY OWNED BY YOUNG ANDREW W JR/YOUNG KIMBERLY RAE HAVING A TAX ASSESSOR NUMBER OF P67984 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS (10.0000 AC) CU F&A #50 AF#8401310003 1985 (TITLE ELIMINATION) INCLUDING MANUFACTURED HOME 1972 EMBLEM 60X24 SERIAL NUMBER SS334 PEAVEYS ACREAGE LOT 15 BLOCK 2 DATED AND RECORDED. Assessor's Parcel Number: P67984.

17. MISCELLANEOUS: