

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY



200309020252
Skagit County Auditor

9/2/2003 Page 1 of 2 12:03PM

A. NAME & PHONE OF CONTACT AT FILER [optional] LEE-ANNE HOLLINGHEAD (425) 453-5301	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
FIRST MUTUAL BANK PO BOX 1647 BELLEVUE WA 98009	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME			
OR			
1b. INDIVIDUAL'S LAST NAME INGRUM	FIRST NAME TARA	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 318 N 8TH ST		CITY MOUNT VERNON	STATE POSTAL CODE COUNTRY WA 98273 USA
1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME			
OR			
2b. INDIVIDUAL'S LAST NAME INGRUM	FIRST NAME JEFF	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS SAME AS ABOVE		CITY	STATE POSTAL CODE COUNTRY
2d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME FIRST MUTUAL BANK			
OR			
3b. INDIVIDUAL'S LAST NAME	FIRST NAME <i>Lee-Anne Hollinghead</i>	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS PO BOX 1647		CITY BELLEVUE	STATE POSTAL CODE COUNTRY WA 98009 USA

4. This FINANCING STATEMENT covers the following collateral:

WINDOWS

PARCEL NO. 3764-006-003-0004

LOT 3 AND THE SOUTH 20 FEET OF LOT 2, BLOCK 6, VERNON HEIGHTS SECOND ADDITION TO MT. VERNON, WASHINGTON, AS PER PLAT RECORDED IN VOLUME 3 OF PLATS, PAGE 62, RECORDS OF SKAGIT COUNTY, WASHINGTON. SITUATE IN THE STATE OF WASHINGTON, COUNTY OF SKAGIT.

5. ALTERNATIVE DESIGNATION (if applicable):	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum	7. Check to REQUEST SEARCH REPORT (S) on Debtor(s) (optional)		All Debtors Debtor 1 Debtor 2			
8. OPTIONAL FILER REFERENCE DATA DEBTOR: INGRUM, TARA & JEFF/51108616-02						

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S LAST NAME INGRUM	FIRST NAME TARA	MIDDLE NAME, SUFFIX
--------------------------------------	--------------------	---------------------

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
-----------------------------	------------	-------------	--------

11c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
------	-------	-------------	---------

11d. TAX ID #: SSN OR EIN

ADD'L. INFO RE ORGANIZATION DEBTOR

11e. TYPE OF ORGANIZATION

11f. JURISDICTION OF ORGANIZATION

11g. ORGANIZATIONAL ID #, if any

NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
-----------------------------	------------	-------------	--------

12c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
------	-------	-------------	---------

13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.

14. Description of real estate:

PARCEL NO. 3764-006-003-0004

LOT 3 AND THE SOUTH 20 FEET OF LOT 2, BLOCK 6, VERNON HEIGHTS SECOND ADDITION TO MT. VERNON, WASHINGTON, AS PER PLAT RECORDED IN VOLUME 3 OF PLATS, PAGE 62, RECORDS OF SKAGIT COUNTY, WASHINGTON. SITUATE IN THE STATE OF WASHINGTON, COUNTY OF SKAGIT.

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:



200309020252
Skagit County Auditor

9/2/2003 Page 2 of 2 12:03PM

17. Check only if applicable and check only one box.

Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate

18. Check only if applicable and check only one box.

Debtor is a TRANSMITTING UTILITY

Filed in connection with a Manufactured-Home Transaction — effective 30 years

Filed in connection with a Public-Finance Transaction — effective 30 years