RETURN ADDRESS		200408190120			
GG+B Investments, LLC		Skagit County Auditor			
GG+B Investments, LLC 14365 Jura Dr. Anacorter, WA. 98221		8/19/2004 Page 1 of 2	3:11PM		
Anacouser, u.A.	78221				
STATE OF WASHINGTON MAN	UFACTURED HO APPLICATION ment of a material fact is guinished by a fine, imprisonm	☐TRANSFER IN LOCATION ☐REMOVAL FROM REAL PRO	_		
1 MANUFACTUREDHOME					
TPO / PLATE NUMBER PAR MAKE PAR HAVE	" Intelligence tall	PH 20 –6075			
2 LAND		DESCRIPTION ON PAGE			
MANUFACTURED HOME WILL BE AF	FIXED REMOVED	REAL PROPERTY TAX PARCEL NUMBER 3909 -000 -066 -0000	P 65 19		
	NAME	SECTION/TOWNSHIP/RANGE	, ,,		
3 GRANTOR(S) REGISTERED/LEGAL OV	/NER(S) ADDITI	ONAL NAMES ON PAGE			
	JMBEA OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS			
NAME OF REGISTERED OWNER	(- C N B	Thurston to 110			
NAME OF ADDITIONAL REGISTERED OWNER		Investments, LLC.			
ADDRESS 14 365 JUVA DV. NAME OF LEGAL OWNER	Arracortes	STATE ZIP CODE WH 98221			
NAME OF ADDITIONAL LEGAL OWNER	And the second s				
ADDRESS	city	STATE ZIP CODE			
GRANTEE					
NAME (C I D T	Topo Anger I . A				
GG4B In 1/637 I DO SOLEMNLY ATTEST UNDER PENALT VEHICLE AND THIS INFORMATION IS ACC		AM/ARE THE REGISTERED OWNER(S) OF T	HIS		
Signature of Registered Owner and	Title, IF APPLICABLE	arolya J. Holland, Manager			
Signature of Additional Registered Owner and	Title, IF APPLICABLE				
· ·		FOR REGISTERED OWNER(S) SIGNATURE Signed or attended			
State of Was	hington Staget	before the on 8-19-04			
State of Was Control by Control by PRINT NAME OF THE PRINT NAME OF	IVA 5. HULLGAR	signatur flum after			
l l by		Lawrence A. Pirkle			
PUBLIC / > PRINT NAM	E OF REGISTERED OWNER	PRINTED NAME OF NOTARY County/Office No. OR	-07		
「ペン 6.7.200/ / ペー/ Title //	OTA Y	AND: Dealer No. OR 5 - 7 Notary Expiration Date			
4 TUTE COMMANY CERTIFICATION		t postbo roal proporty records			
I certify that the legal description of the land an NAME (TYPED OR PRINTED)	TITLE	T PET THE TEAL PROPERTY TECORDS.			
SIGNATURE / POSITION		DATE			
Finalize this application with a Licensing A	gent within 10 calendar days	of the date Title Company Representative sig	jns.		
5 BUILDING PERMIT OFFICE CERTIFICA	TION				
I certify that: the manufactured hor		d the attachment will be inspected upon complet	tion:		
NAME (TYPED OF PRINTED) 134 AMOSELL SKA	BLDG PERMIT OFFICE/PHON GIT COUNTY PERMIT CENT	18360/836-9410 BP04-022	.7		

Signature of Legal of Signature of Legal of Additional Legal NOTARY SEAL OR STAMP	al Owner and Title, IF Al al Owner and Title, IF Al NOTA State of Washing	PPLICABLE _ PPLICABLE _ RIZATION/C	ERTIFICATION			PROPERTY
gnature of Additional Lega	af Owner and Title, IF All NOTA State of Washing County	PPLICABLE _	ERTIFICATION	FOR LEGAL OWNE	R(S) SIGNATUR	
gnature of Additional Lega	af Owner and Title, IF All NOTA State of Washing County	PPLICABLE _	ERTIFICATION	FOR LEGAL OWNE	R(S) SIGNATUR	
3 .5	State of Washing County	ARIZATION/C			R(S) SIGNATUR	
NOTARY SEAL OR STAMP	State of Washing County	ton .			R(S) SIGNATUR	
	County			Cianad ar atta		E
. 4	County				sted	
. 1.	by PRINT NAME OF			before m	e on	
	by					
· · ·	* * PRINT NAME OF			_ Signature		
		LEGAL OWNER		, NOTARY	OR AGENT	
	by PRINT NAME OF	ECAL OWNER		PRINTED NAME OF N	OTARV	
	September 1	EEGAL OWNER		Coun	ty/Office No. OR	
	Title	SITION/AGENT/N	OTABY	AND:	Dealer No. OR Expiration Date	
LAND DESCRIPTION (
CAND DESCRIPTION (A regal description of	tije land Çan	De Obtamed Ire	in the local County	Assessor s Offi	
	ing a service of the		· ·	·* - a - ,	m c c∶	
** *				u .	•	· ;
			Service Contraction of the Contr			
DEALER'S REPORT O				ž		
CERTIFY THAT THIS IN			HICLEISCLEA	AR OF ENCUMBRAN	ICES EXCEPT A	S SHOWN.
LER NAME (TYPED OR PRINT		LECTED.	TV	VA DEALER NUMBER	DATE OF SAL	E.
Palm Hart		E TREATER'S A	UTHORIZED SIGNA	4611	5 17	104
10127000	CKANI+77	L DEALERS A	Wind	1 Ctrout	• ,	
USE TAX EXEMP	T Sale to a Certified Trit	nal member on	the reservation	(attach notarized stat	ement of delivery	<u> </u>
COUNTY AUDITOR/AG					ement of delivery,	
rtify that the above applica					t documentation t	nroceed wit
recording of this form.			,,		w^\	- p. 00000
TE (TYPES)	e mas	lea		OUNT OFFICE OFF	RATOR NUMBER	***
TITLE FEES	Mcc	100	29	01-21	8/1	9/04
	CATION MOBILE	HOME FEE	ELIMINATION FE	E USE TAX	SUBAGE	NT FEES - 1
				· • •	TOTAL	EES & TAX
Lic Re	nce the application he censing Office, take etain proof of the rec our original application	yöur applica ording fees	ition form to the paid. If the Re	ne County Recording Office ret	ng Office.	
APPLICAN	TS: Once recorde Manufactured licensing suba	Home Appli	ication, paying	hicle Licensing of all required fees. e.	fice to file the Vehicle	

The Department of Licensing has a fiftyou need special accommodatio

or Transfer in Location, see form TD-420-730, Manufactured Home Application Instructions.

