

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY



200710040016

Skagit County Auditor

10/4/2007 Page 1 of 1 9:53AM

A. NAME PHONE OF CONTACT AT FILER [optional]
Melissa Engelhart (509) 327-9634

B. SEND ACKNOWLEDGMENT TO (Name and Address)

UPF Incorporated
910 West Boone Ave.
Spokane, WA 99201

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

JOHNSON

FIRST NAME

PATRICIA

MIDDLE NAME

SUFFIX

1c. MAILING ADDRESS

13913 AVON ALLEN RD

CITY

MOUNT VERNON

STATE POSTAL CODE

WA 98273-

COUNTRY

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

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

FIRST NAME

MIDDLE NAME

SUFFIX

2c. MAILING ADDRESS

CITY

STATE POSTAL CODE

COUNTRY

USA

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

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

1st Security Bank of Washington

OR

3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS

PO Box 97000

CITY

Lynnwood

STATE POSTAL CODE

WA 98046

COUNTRY

USA

4. This FINANCING STATEMENT covers the following collateral:

6 WINDOWS

SKALING'S TO AVON LTS 2 3 & 6 BLK 13 & NLY 1/2 ALDER ST DK 12 ADJ TO LTS & WLY 1/2 VAC RD BTW BLK 11 & 13, COUNTY OF SKAGIT, WASHINGTON

APN: P70483

5. ALTERNATE DESIGNATION (if applicable): LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING

6. This FINANCING STATEMENT is to be filed (for record) in the REAL ESTATE RECORDS. Attach Addendum 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [optional] All Debtors Debtor 1 Debtor [if applicable] [ADDITIONAL FEE]

8. OPTIONAL FILER REFERENCE DATA

UPF Tracking #1191703-16995

Loan #

SBA Loan #