

DAVID C. BURKETT
BURKETT & BURDETTE
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Seattle, WA 98101-1246



200803050053

Skagit County Auditor

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Document Title:

UCC-1 Financing Statement

Reference Number :

Grantor(s):

additional grantor names on page ____.

1. Padgett, Keith
2. Padgett, Sylvia

Grantee(s):

additional grantee names on page ____.

1. Magic Living, Inc.
- 2.

Abbreviated legal description:

full legal on page(s) ____.

Ptn. SW, Sec. 32, T34N, R4EWM

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ____.

340432-0-011-0005; P29357

State of Washington

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
 David C. Burkett 206/441-5556

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

David C. Burkett
 Burkett & Burdette
 600 Stewart, Suite 1500
 Seattle, WA 98101

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 PADGETT		FIRST NAME KEITH	MIDDLE NAME ARDEN	SUFFIX MR.
1c. MAILING ADDRESS 15472 Bow Hill Road		CITY Bow	STATE WA	POSTAL CODE 98232	COUNTRY USA
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATION ID#, if any <input checked="" 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 PADGETT		FIRST NAME SYLVIA	MIDDLE NAME ANNE	SUFFIX MRS.
2c. MAILING ADDRESS 15472 Bow Hill Road		CITY Bow	STATE WA	POSTAL CODE 98232	COUNTRY
2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATION ID#, if any <input checked="" 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 MAGIC LIVING, INC.					
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 15303 Dallas Parkway, Suite 800		CITY Addison	STATE TX	POSTAL CODE 75001	COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral.

Manufactured home, which is Palm Harbor 1997 Model Number 106, Serial Number PH201215AB. Proceeds of the Collateral are also covered.

This Financing Statement is filed in connection with, and pursuant to the authority granted by Debtors to Secured Party in, that certain Security Agreement dated February 20, 2008 ("Security Agreement").

5. ALTERNATIVE 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) (or recorded) in the REAL ESTATE RECORDS Attach Addendum (if applicable) 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] All Debtors Debtor 1 Debtor 2 [optional]

8. OPTIONAL FILER REFERENCE DATA

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (RE)



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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 Padgett	FIRST NAME Keith	MIDDLE NAME, SUFFIX Arden
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10. MISCELLANEOUS:

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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 Padgett	FIRST NAME Sylvia	MIDDLE NAME Anne	SUFFIX Mrs.
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11c. MAILING ADDRESS

15472 Bow Hill Road	CITY Bow	STATE WA	POSTAL CODE 98232	COUNTRY
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11d. SEE INSTRUCTIONS
Not Applicable

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
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12c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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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:

16. Additional collateral description:



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

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