



200804250032

Skagit County Auditor

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### UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]  
 CSC Diligenz, Inc. 1-800-858-5294

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

33760793  
 Prepared By:  
 CSC Diligenz, Inc.  
 6500 Harbour Heights Pkwy, Suite 400  
 Mukilteo, WA 98275

Filed In: Washington Skagit

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: FEYKO

FIRST NAME: JASON

MIDDLE NAME: R

SUFFIX:

1c. MAILING ADDRESS: 45938 MAIN ST

CITY: CONCRETE

STATE: WA

POSTAL CODE: 98237

COUNTRY: USA

1d. SEE INSTRUCTIONS

ADD'L INFO RE ORGANIZATION DEBTOR

1e. TYPE OF ORGANIZATION: Individual

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: PRESCOTT

FIRST NAME: JAMES

MIDDLE NAME: N

SUFFIX:

2c. MAILING ADDRESS: 2615 F STREET

CITY: BELLINGHAM

STATE: WA

POSTAL CODE: 98225

COUNTRY: UNITED

2d. SEE INSTRUCTIONS

ADD'L INFO RE ORGANIZATION DEBTOR

2e. TYPE OF ORGANIZATION: Individual

2f. JURISDICTION OF ORGANIZATION: WA

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: Summit Bank

OR

3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS: P O BOX 805

CITY: BURLINGTON

STATE: WA

POSTAL CODE: 98233

COUNTRY: USA

4. This FINANCING STATEMENT covers the following collateral:  
 All Equipment and Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing ( including insurance, general intangibles and accounts proceeds)

P70524  
 Lt 8 BIK4 "Baker"

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]  (optional)

All Debtors  Debtor 1  Debtor 2

8. OPTIONAL FILER REFERENCE DATA

33760793

# 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<br>FEYKD | FIRST NAME<br>JASON | MIDDLE NAME, SUFFIX<br>ROBERT |
|-------------------------------------|---------------------|-------------------------------|

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 | FIRST NAME | MIDDLE NAME | SUFFIX |
|-----------------------------|------------|-------------|--------|

11a. MAILING ADDRESS

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

11d. SEE INSTRUCTIONS

|                                   |                           |                                   |                                  |
|-----------------------------------|---------------------------|-----------------------------------|----------------------------------|
| ADD'L INFO RE ORGANIZATION DEBTOR | 11c. 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  ss-extracted collateral, or is filed as a  fixture filing.

14. Description of real estate:  
LOT 8, BLOCK 4, "BAKER", AS PER PLAT RECORDED IN VOLUME 3 OF PLATS, PAGE 63, RECORDS OF SKAGIT COUNTY, WASHINGTON.

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 for 30 years