

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY



200807250010
Skagit County Auditor

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A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

**1ST SECURITY BANK OF WASHINGTON
PO BOX 97000
LYNNWOOD, WA 98046**

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		FIRST NAME	MIDDLE NAME	SUFFIX	
	NICHOLSON		DAVID			
1c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
23856 NOOKACHAMP HILLS DR			MOUNT VERNON	WA	98274	
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL 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		FIRST NAME	MIDDLE NAME	SUFFIX	
	NICHOLSON		NANCY			
2c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
23856 NOOKACHAMP HILLS DR			MOUNT VERNON	WA	98274	
2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any		
				<input checked="" type="checkbox"/> NONE		

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

3a. ORGANIZATION'S NAME						
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
	1ST SECURITY BANK OF WASHINGTON					
3c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
PO BOX 97000			LYNNWOOD	WA	98046	

4. This FINANCING STATEMENT covers the following collateral:

A/C

APN: P123209

LEGAL: NOOKACHAMP HILLS PUD PHASE IIB, AF#200508230082, LOT 116. BEING A PORTION OF SE1/4 SECTION 25, TOWNSHIP 34 NORTH, RANGE 4 EAST AND NE1/4 OF SECTION 36, TOWNSHIP 34 NORTH, RANGE 4 EAST, AND NW1/4 OF SECTION 31, TOWNSHIP 34 NORTH, RANGE 5 EAST. , COUNTY OF SKAGIT, WASHINGTON.

5. ALTERNATIVE DESIGNATION (if applicable):	LESSOR/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. <input checked="" type="checkbox"/> 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						