



201301310013
Skagit County Auditor

1/31/2013 Page 1 of 1 11:04AM

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Corporation Service Company 1-800-858-5294	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) 72993982 - 308510 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 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 BERENTSON		FIRST NAME DAVID	MIDDLE NAME E	SUFFIX
1c. MAILING ADDRESS 11180 WALKER RD		CITY MOUNT VERNON	STATE WA	POSTAL CODE 98273	COUNTRY USA
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION Individual	1f. JURISDICTION OF ORGANIZATION WA	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 BERENTSON		FIRST NAME JUDY	MIDDLE NAME L	SUFFIX
2c. MAILING ADDRESS 11180 WALKER RD		CITY MOUNT VERNON	STATE WA	POSTAL CODE 98273	COUNTRY USA
2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION Individual	2f. JURISDICTION OF ORGANIZATION WA	2g. ORGANIZATIONAL 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 Columbia State Bank					
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 1102 Broadway Plaza MS6100		CITY Tacoma	STATE WA	POSTAL CODE 98402	COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

APN: P125003, 4089-005-012-0100
 ABV LEGAL: LOTS 9-12, BLOCK 5, SUPPLEMENTAL PLAT OF KNUTZEN'S ADDN
 ALL FIXTURES AND OTHER ARTICLES OF PERSONAL PROPERTY NOW OR HEREAFTER OWNED BY DEBTOR, AND/OR HEREAFTER ATTACHED OR AFFIXED TO THE REAL PROPERTY, TOGETHER WITH ALL ACCESSIONS, PARTS, AND ADDITIONS TO, ALL REPLACEMENTS OF, AND ALL SUBSTITUTIONS FOR, ANY OF SUCH PROPERTY; AND TOGETHER WITH ALL ISSUES AND PROFITS THEREON AND PROCEEDS (INCLUDING WITHOUT LIMITATION ALL INSURANCE PROCEEDS AND REFUNDS OF PREMIUMS) FROM ANY SALE OR OTHER DISPOSITION OF THE PERSONAL PROPERTY. THE REAL PROPERTY IS LOCATED AT: 870 S. ALDER STREET, BURLINGTON, WA 98233.

LEGAL DESCRIPTION: THE SOUTH 11.50 FEET OF THE WEST 60.00 FEET OF LOT 9 (AS MEASURED PERPENDICULAR TO THE WEST AND SOUTH LINES OF SAID LOT 9), LOT 10, EXCEPT THAT PORTION OF THE NORTH 15.00 FEET OF SAID LOT 10 LYING EASTERLY OF THE WEST 60.00 FEET THEREOF (AS MEASURED PERPENDICULAR TO THE NORTH AND WEST LINES OF SAID LOT 10), AND LOTS 11 AND 12, INCLUSIVE, BLOCK 5, "SUPPLEMENTAL PLAT OF KNUTZEN'S ADDITION TO THE TOWN OF BURLINGTON", AS PER PLAT RECORDED IN VOLUME 4 OF PLATS, PAGE 7, RECORDS OF SKAGIT COUNTY, WASHINGTON.

5. ALTERNATIVE DESIGNATION [if applicable]	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAIOLR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> 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	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (OPTIONAL FEE)		<input type="checkbox"/> All Debtors	<input type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2	

8. OPTIONAL FILER REFERENCE DATA : 1101/1210005483

72993982