

UCC FINANCING STATEMENT FOLLOWINSTRUCTIONS		201711210055 \$76.00			
A. NAME & PHONE OF CONTACT AT FILER (optional)		Skagit County 11/21/2017 P	Audito age	r 1 of 3	3 1:30PM
B. E-MAIL CONTACT AT FILER (optional)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  MOUNTAIN PACIFIC BANK 3732 BROADWAY EVERETT, WA 98201		THE ABOVE SPA	CE IS FO	R FILING OFFICE	USE ONLY
DEBTOR'S NAME: Provide only one Debter name (1s or 1b) (use exact name will not fit in line 1b, leave all of item 1 blank, check here and provide name will not fit in line 1b, leave all of item 1 blank, check here and provide name will not fit in line 1b, leave all of item 1 blank, check here and provide name will not fit in line 1b, leave all of item 1 blank, check here and provide name will not fit in line 1b, leave all of item 1 blank, check here and provide name will not fit in line 1b, leave all of item 1 blank, check here and provide name will not fit in line 1b, leave all of item 1 blank, check here and provide name will not fit in line 1b, leave all of item 1 blank, check here and provide name will not fit in line 1b, leave all of item 1 blank, check here and provide name will not fit in line 1b, leave all of item 1 blank, check here and provide name will not fit in line 1b, leave all of item 1 blank, check here and provide name will not fit in line 1b, leave all of item 1 blank, check here and provide name will not fit in line 1b, leave all of item 1 blank, check here and provide name will not fit in line 1b.			he Debtor	's name); if any part of	f the Individual Debtor's
1a. ORGANIZATION'S NAME SHIM & KANG CORPORATION	<u> </u>	GUARDIAN 11492	,	HWEST TITLE	
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N		ADDITIO	NAL NAME(S)/INITIAL	(S) SUFFIX
1c. MAILING ADDRESS PO BOX 27	CUY MARBLEMOU	NT	STATE WA	POSTAL CODE 98267	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact name will not fit in line 2b, leave all of item 2 blank, check here and pro	full name do not omit, mod wide the individual Debtor in	dify, or abbreviate any part of t formation in item 10 of the Fir	he Debtor ancing Sta	s name); if any part of stement Addendum (F	f the Individual Debtor's orm UCC1Ad)
2a. ORGANIZATION'S NAME		<del> </del>		<del></del> _	
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR S	SECURED PARTY): Provide	only one Secured Party nam	e (3a or 3t	)	
38. ORGANIZATION'S NAME MOUNTAIN PACIFIC BANK					
OR 35. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	IAME	ADDITIO	NAL NAME(S)/INITIAL	_(S) SUFFIX
3c. MAILING ADDRESS 3732 BROADWAY	EVERETT		STATE WA	POSTAL CODE 98201	USA
4. COLLATERAL: This financing statement covers the following collateral:  Legal Description: Section 18, Township 35 North, Ragne Assessor's Tax Parcel ID#: P46180, 351118-0-029-0003, P- All Fixtures; whether any of the foregoing is owned now of to any of the foregoing; all records of any kind relating to	115482, 35118-0-008 r acquired later; all a	-0200 ccessions, additions,	replace	ments, and subs	stitutions relating

<ol><li>Check only if applicable and check only one box: Collateral is</li></ol>	held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a De	cedent's Personal Representative	
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:			
Public-Finance Transaction Manufactured-Ho	ne Transaction A Debtor is a Transmitting Utility	Agricultural Lien	Non-UCC Filling	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/	essar Consignee/Consignor Seller/Buy	yer Bailee/Bailor	Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA:				

## UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME SHIM & KANG CORPORATION 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and eater the mailing address in line 10c 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME SUFFIX INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) COUNTRY POSTAL CODE STATE 10c. MAILING ADDRESS ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME OF 11a. ORGANIZATION'S NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME 11b. INDIVIDUAL'S SURNAME COUNTRY POSTAL CODE CITY 11c. MAILING ADDRESS 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: covers as-extracted collateral X is filed as a fixture filing covers timber to be cut 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: PARCÉL "A": (if Debtor does not have a record interest): The East 75 feet of that portion of Government Lot 4, Section 18, Township 35 North, Ragne 11 East W.M., described as follows: Beginning at the Northwest corner of said Government Lot 4; Aftence South 230 feet; thence East 230 feet; thence North 230 feet; thence West 230 feet to the point of beginning. EXCEPT State Highway No. 17A along the North line thereof. Situate in the County of Skagit, State of Washington. PARCEL "B":

17. MISCELLANEOUS:

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17. MISCELLANEOUS: