

Doc # 2004153094
Page 1 of 2
Date: 05/24/2004 04:21P
Filed by: 3JM COMPANY INC
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$20.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] D BALOVICH (940) 321-0717	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) 3JM COMPANY INC PO BOX 406 LAKE DALLAS TX 75065	

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 PARK		FIRST NAME GAP	MIDDLE NAME DO	SUFFIX	
1c. MAILING ADDRESS 372 ST MARTIN ROAD			CITY CARSON	STATE WA	POSTAL CODE 98610	COUNTRY USA
1d. TAX ID #	SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION		1g. ORGANIZATIONAL ID #, if any <input 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 CARSON MINERAL HOT SPRINGS						
OR	2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS 372 ST MARTIN ROAD			CITY CARSON	STATE WA	POSTAL CODE 98610	COUNTRY
2d. TAX ID #	SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION PROPRIETORSHIP	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 or ASSIGNOR S/P) - Insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME ASSA ABLOY HOSPITALITY INC						
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS 631 INTERNATIONAL PARKWAY			CITY RICHARDSON	STATE TX	POSTAL CODE 75081	COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

DEBTOR HEREBY GRANTS TO THE SECURED PARTY A SECURITY INTEREST IN ITS FIXTURES AND EQUIPMENT CONSISTING OF ALL ELECTRONIC SECURITY DEVICES OF EVERY KIND, NATURE AND DESCRIPTION NOW IN DEBTORS POSSESSION OR HEREAFTER ACQUIRED BEARING THE TRADENAMES "INHOVA", "ELSAFE", "TIMELOX", "VINGCARD", OR DISTRIBUTED BY ASSA ABLOY HOSPITALITY INC AND INCLUDING ALL ADDITIONS AND ACCESSIONS THERTO, ALL PRODUCTS THEREFORE AND ALL PROCEEDS FROM THE SALE OR ANY OTHER DISPOSITION OF THE COLLATERAL.

5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/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) [optional]		All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 <input type="checkbox"/>		
8. OPTIONAL FILER REFERENCE DATA						

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

FIRST NAME

MIDDLE NAME, SUFFIX

PARK

GAP

DO

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11d. TAX ID #: SSN OR EIN

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

12c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

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:

PARCEL NUMBERS:

03 08 21 000 200; 03 08 21 000 202;
03 08 21 000 301; 03 08 21 000 500;
03 08 21 302 500

TOWNSHIP 3; RANGE 8; SECTION 21

16. Additional collateral description:

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

CARSON MINERAL HOT SPRINGS LLC
327 ST MARTIN ROAD
CARSON WA 98610

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