| . NAME & PHONE OF C<br>Diligenz, Inc.  | S (front and back) CAREFULLY<br>CONTACT AT FILER (optional)<br>1-800-858-5294  |   | Doc # 200716 Page 1 of 2 Date: 02/16/: Filed by: DILIGENZ Filed & Recorded ir of SKAMANIA COUNTY SKAMANIA COUNTY AUI J MICHAEL GARVISON Fee: \$33.00 | 2007 11:43A<br>INC<br>Official Records   |
|--|--|---|--|--|
| 24498599<br>Prepared by<br>Diligenz, Inc   | c.<br>our Heights Pkwy, Suite 4  | 100   |  |  |
|  | Filed In: Wa   | ashington Skaman <u>ia</u>  | THE ABOVE SPACE IS FOR FIL   | ING DEFICE USE ONLY  |
|  |  | ebtor name (1a or 1b) - do not abbreviate or com  |  | THE OFFICE OFFICE  |
| O & B Singh, I   | nc.  |   | -1 L   | 1  |
| 1b. INDIVIDUAL'S LAST  | NAME   | FIRST NAME  | MIDDLE NAME  |  |
| . MAILING ADDRESS<br>333 Rock Creek D  | <br>Drive  | Stevenson   |  | TAL CODE COUNTRY  8648 USA   |
| . TAX ID #: SSN OR EIN 20-8036515  | ADD'L INFO RE 1e. TYPE OF ORGANIZATION CORD  |   | NIZATION 1g. ORGANIZAT   | FIONAL ID #, if any  |
|  | DEBTOR COrp.   | nsert only <u>one</u> debtor name (2a or 2b) - do not ab  | breviate or combine names  | X No.  |
| 2a. ORGANIZATION'S NA  |  |   | *  |  |
| R 25. INDIVIOUAL'S LAST  | NAME .   | FIRST NAME  | MIDDLE NAME  | SUFFIX   |
| MAILING ADDRESS  |  | СПҮ   | STATE POS  | TAL CODE COUNTRY   |
| I. TAX ID#: SSN OR EIN   | ADD'L INFO RE 2e. TYPE OF ORGO ORGANIZATION DEBTOR   | ANIZATION 21. JURISDICTION OF ORGAI   | NIZATION 2g. ORGANIZA  | TIONAL ID #, if any  |
| SECURED PARTY'S  |  | of ASSIGNOR S/P) - insert only one secured pa   | nty name (3a or 3b)  |  |
|  |  |   |  |  |
| Fortune Bank  R 3b. INDIVIDUAL'S LAST  | NAME   | FIRST NAME  | MIDDLE NAME  | SUFFIX   |
| Fortune Bank   | <del></del>  | crry<br>Seattle   | STATE POS  | TAL CODE COUNTRY  101 USA  |
| Fortune Bank  Bank | Ste. 700  ENT covers the following collateral: aper, Accounts, Equipment, Ges and substitutions relating to a cluding insurance, general intacription: on 1, Township 2 North, Range as Short Plat recorded in Audito 33 Rock Creek Drive, Stevenso  | Seattle  eneral intangibles; whether any of the ny of the foregoing; all records of any ngibles and other account proceeds).  7 East of the Willamette Meridian, in r File No. 2007164796, Skamania Con, WA 98648.      | foregoing is owned now or acy kind relating to any of the foresthe County of Skamania, State   | TAL CODE COUNTRY  101 USA  equired later; all accessions, egoing; all proceeds relating to the control of the country of the c |
| Fortune Bank  Bank | Ste. 700  ENT covers the following collateral: aper, Accounts, Equipment, Ges and substitutions relating to a icluding insurance, general intaicription: in 1, Township 2 North, Range is Short Plat recorded in Audito 33 Rock Creek Drive, Stevenso 2 1 T2N R7E                              | Seattle  eneral intangibles; whether any of the ny of the foregoing; all records of any ngibles and other account proceeds).  7 East of the Willamette Meridian, in r File No. 2007164796, Skamania Con, WA 98648.      | foregoing is owned now or acy kind relating to any of the foresthe County of Skamania, State   | TAL CODE COUNTRY  101 USA  equired later; all accessions, egoing; all proceeds relating to the control of the country of the c |
| Fortune Bank  Bank | Ste. 700  ENT covers the following collateral: aper, Accounts, Equipment, Ges and substitutions relating to a cluding insurance, general intercription: In 1, Township 2 North, Range as Short Plat recorded in Audito 33 Rock Creek Drive, Stevenso 1 T2N R7E  ID # 02-07-01-1-0-1500-00; 02- | crry Seattle  eneral intangibles; whether any of the ny of the foregoing; all records of any ngibles and other account proceeds).  7 East of the Willamette Meridian, in r File No. 2007164796, Skamania Con, WA 98648. | foregoing is owned now or acy kind relating to any of the foresthe County of Skamania, State   | TAL CODE  101  Country USA  cquired later; all accessions, egoing; all proceeds relating e of Washington describes a   |

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| NAME OF FIRST DEBTOR (1a o   | r 1b) ON RELATED FINANCI   | NG STATEME              | NT  |  |                                    |                |
|--|--|-------------------------|---|--|------------------------------------|----------------|
| 9s. ORGANIZATION'S NAME  |  |                         |   |  |                                    |                |
| O & B Singh, Inc.  | FIRST NAME   |                         | MIDDLE NAME, SUFFI                              |  |                                    |                |
| ISD. INDIVIDUALS LAST NAME   | FIRST NAME   |                         | MIDDLE NAME,SOFFI                               |  | - 4                                |                |
| MISCELLANEOUS:   |  |                         |   | ,  |                                    |                |
| ·  |  |                         |   |  | SPACE IS FOR FILING OFFIC          | CE USE ONLY    |
| ADDITIONAL DEBTOR'S EXAC   | T FULL LEGAL NAME - insert of  | only <u>one</u> name (1 | 1a or 11b) - do not abbr                        | eviate or combine name   | 98                                 |                |
| 11a. ORGANIZATION'S NAME   |  |                         | 49  |  | 1 30                               |                |
| 11b. INDIVIDUAL'S LAST NAME  |  | FIRS                    | TNAME   | V  | MIDDLE NAME                        | SUFFIX         |
| MAILING ADDRESS  |  | CITY                    | <del>_ 1</del>                                  |  | STATE POSTAL CODE                  | COUNTRY        |
|  |  |                         |   |  |                                    |                |
| TAX ID #: SSN OR EIN ADD'L INF<br>ORGANIZA<br>IDEBTOR  | ORE   11e. TYPE OF ORGANIZA<br>ATION   | THON JITE.              | IURISDICTION OF ORG                             | ANIZATION  | 11g. ORGANIZATIONAL ID #, if an    | ıy<br>[]N      |
| ADDITIONAL SECURED PA  | ARTY'S or ASSIGNO  | RS/P'S NAM              | VIE - insert only <u>one</u> nam                | ne (12a or 12b)  |                                    |                |
| 12a. ORGANIZATION'S NAME   |  |                         | 1   |  |                                    |                |
| 12b. INDIVIDUAL'S LAST NAME  |  | FIRS                    | TNAME   |  | MIDDLE NAME                        | SUFFIX         |
| MAILING ADDRESS  |  | СПҮ                     |   | _*   | STATE POSTAL CODE                  | COUNTRY        |
| This FINANCING STATEMENT covers collateral, or is filed as a produce file of the collateral or is filed as a produce file of the collateral of land in Section 1 ange 7 East of the William only of Skarnania, States of the Gary Collins Scribes as follows:  1 of the Gary Collins Scribor File No. 200716479 cords. The Real Proper monthly known as 333 February 1 and 1 a | tion: , Township 2 North, nette Meridian, in the of Washington hort Plat recorded in 96, Skamania Count rty or it's address is |                         | Additional collatera; dasa                      | cription:  |                                    |                |
|  |  |                         |   |  |                                    |                |
| Name and address of a RECORD OWN (if Debtor does not have a record interest)   |  |                         | heck only if annihable                          | and check only one you   |                                    |                |
|  |  | 17. c                   |   | Trustee acting with re   | spect to property held in trust or | Decedent's Est |
| Name and address of a RECORD OWN<br>(if Debtor does not have a record interes  |  | 17. c                   |   | Trustee acting with re   | spect to property held in trust or | Decedent's Est |
|  |  | 17. C                   | or is a Trust or The Check only if applicable a | Trustee acting with re<br>and check only one box<br>NG UTILITY | spect to property held in trust or | Decedent's Es  |