

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) 64249642 - 308510 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703-4261 Filed In: Washington Skamania	

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 KRALL		FIRST NAME RAY	MIDDLE NAME L	SUFFIX	
1c. MAILING ADDRESS 71 JOHNSON RD			CITY CARSON	STATE WA	POSTAL CODE 98610	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 KRALL		FIRST NAME ALICE	MIDDLE NAME F	SUFFIX	
2c. MAILING ADDRESS 71 JOHNSON RD			CITY CARSON	STATE WA	POSTAL CODE 98610	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: 03-08-20-4-1-1000-00 ABV LEGAL: PTN SE QTR NE QTR NE QTR SEC 20, TWN 3 N, R 8 E, SKAMANIA COUNTY, WASHINGTON

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: 481 SMITH-BECKON RD, CARSON, WA 98610

LEGAL DESCRIPTION: A tract of land in the Southeast Quarter of the Northeast Quarter and in the Northeast Quarter of the Southeast Quarter all in Section 20, Township 3 North, Range 8 East in the County of Skamania, State of Washington, described as follows: Beginning at the Southwest corner of the Northeast Quarter of the Northeast Quarter of said Section 20; thence South 65 rods; thence East 56 rods to the true point of beginning; thence East 24 rods; thence South 20 rods; thence West 24 rods; thence North 20 rods to the true point of beginning. EXCEPT that portion conveyed to Skamania County by instrument recorded August 10, 1994 in Book 145, Page 106, Deed records.

5. ALTERNATIVE DESIGNATION [if applicable]:	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<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 [if applicable]	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional]		<input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2			
8. OPTIONAL FILER REFERENCE DATA :1080/1109004878						

64249642