AFN #2019000237 Recorded Feb 19, 2019 07:58 AM DocType: UCC Filed by: Simplifile Page: 1 of 3 File Fee: \$101.00 Auditor Robert J. Waymire Skamania County, WA **UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) Randi Harrison 509-467-3617 B. E-MAIL CONTACT AT FILER (optional) rharrison@urmstores.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) URM Stores, Inc. PO Box 3365 Spokane, WA. 99220 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here 🦳 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME A&J Select Market 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY PO Box 789 Stevenson WA 98648 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here 🔲 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME 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 SECURED PARTY): Provide only one Secured Party name (3a or 3b). 3a. ORGANIZATION'S NAME URM Stores, Inc. 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS CITY POSTAL CODE STATE COUNTRY PO Box 3365 Spokane WA 99220 4. COLLATERAL: This financing statement covers the following collateral: The goods are to become fixtures on the property legally described as: PARCEL #: 02070111310000 Lot 8 of the Township of Stevens; Section 1, Township 2 North, Range 7 East of the Willamette Meridian. 5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent'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-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor 8. OPTIONAL FILER REFERENCE DATA: 330 A&J Select Market

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UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS										
	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; i because Individual Debtor name did not fit, check here									
	18a. ORGANIZATION'S NAME A&J Select Market									
OR	18b. INDIVIDUAL'S SURNAME									
	FIRST PERSONAL NAME		+_	1	V,					
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE	SPACE	S FOR FILING OFFICE U	SE ONLY				
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name)										
	19a. ORGANIZATION'S NAME	4	1	7	•••					
OR	19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	U	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX				
19c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY				
20.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 2	20b) (use exact, full name; do n	ot omit, modify, or ab	breviate an	y part of the Debtor's name)					
-	20a ORGANIZATION'S NAME	1 2		4		-				
OR	20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX				
20c	MAILING ADDRESS	CITY	4	STATE	POSTAL CODE	COUNTRY				
21.	ADDITIONAL DEBTOR'S NAME Provide only one Debtor name (21a or 2	21h) (use evact full name: do n	ot omit modify or ab	hraviata an	w part of the Dehtor's name)					
	21a. ORGANIZATION'S NAME		- 1		, parter and obstart runner					
OR	21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX				
21c	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY				
22.	ADDITIONAL SECURED PARTY'S NAME OF ASSIGN	OR SECURED PARTY	S NAME: Provide o	nly <u>one</u> na	me (22a or 22b)					
	22. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b) 22a. ORGANIZATION'S NAME URM Insurange Agency, Inc.									
OR	22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	100-100-1	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX				
	MAILING ADDRESS O Box 3365	Spokane	· sc-922ds	STATE WA	POSTAL CODE 99220	COUNTRY				
23.	☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGN	OR SECURED PARTY	S NAME: Provide o	nly one na	me (23a or 23h)					
	23. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b) 23a. ORGANIZATION'S NAME URM Development Corporation									
OR	23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	UNIVERSAL CONT.	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX				
23c	MAILING ADDRESS	CITY	<u> </u>	STATE	POSTAL CODE	COUNTRY				
P	O Box 3365	Spokane		WA	99220	COUNTRY				
24.	MISCELLANEOUS:			-						

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UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS									
18.	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here	line 1b was left blank							
	18a. ORGANIZATION'S NAME	man .			_				
	A&J Select Market								
OR	18b. INDIVIDUAL'S SURNAME	. 08							
	FIRST PERSONAL NAME	-	+ (Y_J				
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		7					
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OR									
	19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	AD	DITION	IAL NAME(S)/INITIAL(S)	SUFFIX			
19c.	MAILING ADDRESS	CITY	STA	ATE	POSTAL CODE	COUNTRY			
20.	ADDITIONAL DEBTOR'S NAME Provide only one Debtor name (20a or 20	Ob) (use exact, full name; do r	not omit, modify, or abbrey	iate anv	part of the Debtor's name)				
	20a. ORGANIZATION'S NAME	1 1		-		V4.8			
OR	20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	AD	DITION	IAL NAME(S)/INITIAL(S)	SUFFIX			
20c.	MAILING ADDRESS	CITY	STA	ATE	POSTAL CODE	COUNTRY			
24 ADDITIONAL DEPTODIS MANY 5 VI. 14 SALV									
	. ADDITIONAL DEBTOR'S NAME Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 21a. ORGANIZATION'S NAME								
OR	21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	AD	DITION	IAL NAME(S)/INITIAL(S)	SUFFIX			
21c.	MAILING ADDRESS	СІТҮ	STA	ATE	POSTAL CODE	COUNTRY			
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22.	ADDITIONAL SECURED PARTY'S NAME OF ASSIGNO 228. ORGANIZATION'S NAME	OR SECURED PARTY	'S NAME: Provide only g	one nar	ne (22a or 22b)				
OR	Peirone Produce Company								
0.,	22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	AD	DITION	IAL NAME(S)/INITIAL(S)	SUFFIX			
	MAILING ADDRESS O Box 3365	Spokane			POSTAL CODE 99220	COUNTRY			
23.	ADDITIONAL SECURED PARTY'S NAME OF ASSIGNO		'S NAME: Provide only	000 030	no (23a or 23h)	ŞŞ.			
23. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b) 23a. ORGANIZATION'S NAME									
OR	23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO		IAL NAME(S)/INITIAL(S)	SUFFIX			
			~	J., 1011					
23c.	MAILING ADDRESS	CITY	ST	ATE	POSTAL CODE	COUNTRY			
24	MISCELLANEOUS:								
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