

DOCUMENT TITLE:

UCC-I Financing Statement

REFERENCE NUMBER:

CCAN# 34582A Contract 001-15920-001

Grantor (s):

- 1. Northwest Orthopaedic Surgeons P.C.
- 2.



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Grantee (s):

- 1. US Bancorp Equipment Finance, Inc.
- 2.

Abbreviated Legal Description:

The South 44.96 feet of Lot 4, all Lots 5, 6 and 7, Mount Vernon Binding Site Plan No. BSP MV-1-98, recorded April 20, 1999 under Skagit County Auditor's File No. 9904200113, being a portion of the East 1/2 of the North 1/2 of the Northeast 1/4 of the Southwest 1/4 of Section of 17, Township 34 North, Range 4, East, W.M.;

Accessor Parcel /Tax ID Number:

P114427 8021-000-007-0000

I, Brian Maddox am hereby requesting an emergency non-standard recording for an additional fee provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. Recording fee is \$8.00 for the first page. \$1.00 per page thereafter per document. In addition to the standard fee, an emergency recording fee of \$50.00 is assessed. This statement is to become part of the recorded document.

Signed *Brian Maddox* Dated 12/14/01
Kimberly R Sell 12/26/01 - US Corporate Services

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
UCC Filing Desk - (503) 443-1822

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

US Corporate Services
12750 SW Pacific Highway, Suite 201
Tigard, OR 97223

L P41901KS

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
NORTHWEST ORTHOPAEDIC SURGEONS, P.S.

OR

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
1500 CONTINENTAL PLACE MOUNT VERNON WA 98273 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
91-16500096 CORPORATION WASHINGTON 601596621 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 FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

2d. TAX ID # SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any
 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
US BANCORP EQUIPMENT FINANCE, INC.

OR

3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
7659 SW MOHAWK TUALATIN OR 97062 USA

4. This FINANCING STATEMENT covers the following collateral:

All Furniture, Fixtures, & Equipment pursuant to a Loan Agreement between Northwest Orthopedic Surgeons, P.S. as Debtor and U S Bancorp Equipment Financing, Inc. as Secured Party, whether now owned or hereafter acquired and including all proceeds (including insurance proceeds) thereof, wherever located;

TOGETHER WITH ALL REPLACEMENTS, PARTS, REPAIRS, ADDITIONS, ACCESSIONS AND ACCESSORIES INCORPORATED THEREIN OR AFFIXED OR ATTACHED THERETO AND ANY AND ALL PROCEEDS OF THE FOREGOING, INCLUDING, WITHOUT LIMITATION, INSURANCE RECOVERIES.

ANY RECEIPT OF PROCEEDS OF THE COLLATERAL BY ANOTHER SECURED PARTY VIOLATES THE RIGHTS OF SECURED PARTY.

5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOB SELLER/BUYER AG. LIEN NON-UCC FILING

6. 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) (ADDITIONAL FEE) All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA
34582A/001-15920-001



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			
NORTHWEST ORTHOPAEDIC SURGEONS, P.S.			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

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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	<input type="checkbox"/> 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
					USA

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:

"The items of Property are to become fixtures on Real Estate Located at the location described on Exhibit "A" attached hereto and by reference incorporated herein, also known as the following;"

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):

Mount Vernon Northwest 2000 LLC



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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

EXHIBIT "A"

The land referred to in this report/policy is situated in the State of Washington, County of Skagit, and is described as follows:

22B/ The South 44.98 feet of Lot 4, all Lots 5, 6 and 7, Mount Vernon Blinding Site Plan No. BSP MV-1-98, recorded April 20, 1999 under Skagit County Auditor's File No. 9904200113, being a portion of the East 1/2 of the North 1/2 of the Northeast 1/4 of the Southwest 1/4 of Section 17, Township 34 North, Range 4 East, W.M.;

TOGETHER WITH a non-exclusive easement for ingress, egress and utilities over, across and under the North 18 feet of the South 62.66 feet of the West 180 feet of Lot 4, of said Blinding Site Plan.

Address Change
see tax printout



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