

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY



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Skagit County Auditor

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A. NAME & PHONE OF CONTACT AT FILER (optional)  
Phone: (800) 331-3282 Fax: (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 509960 IINFOLSNG

UCC Direct Services 6592195  
P.O. Box 29071  
Glendale, CA 91209-9071 WAWA

File with: Skagit, WA

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  
Public Hospital District 304 of Skagit County

OR

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

1c. MAILING ADDRESS dba United General Hospital 2000 Hospital Drive CITY Sedro-Woolley STATE WA POSTAL CODE 98284 COUNTRY

1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION MUNICIPAL 1f. JURISDICTION OF ORGANIZATION WA 1g. ORGANIZATIONAL ID #, if any  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. SEE INSTRUCTIONS 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  
National City Commercial Capital Corporation

OR

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

3c. MAILING ADDRESS 995 Dalton Ave. CITY Cincinnati STATE OH POSTAL CODE 45203 COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

The equipment leased pursuant to that certain Master Lease - Purchase Agreement dated as of February 10, 2005, by and between Lessor/Secured Party, as lessor, and Lessee/Debtor, as lessee, and all replacements, substitutions and alternatives therof and thereof and accessions thereto and all proceeds (cash and non-cash), including the proceeds of all insurance policies or condemnation awards, thereof, which equipment is more fully described below: The cash and negotiable instruments from time to time comprising the Escrow Fund created pursuant to that certain Escrow Agreement dated as of February 10, 2005 by and among National City Commercial Capital Corporation, as Lessor, Public Hospital District 304 of Skagit County dba United General Hospital, as Lessee and U.S. Bank National Association, as Escrow Agent, and all proceeds thereof. Varian Clinac iX Linear Accelerator w/ GE Lightspeed Siemens Somatom Sensation 16 CT Scanner Located at 2000 Hospital Drive, Sedro-Woolley, WA 98284 Together with all of the accessories, attachments and appurtenances appertaining or attached to any of said Equipment, whether now owned or hereafter acquired, and all substitutions, accessions, features, renewals, cables, parts fittings, and replacements of, and additional special features, model changes and improvements to any and all of said Equipment together with all rents, proceeds, issues, income, profits and avails pertaining thereto or derived therefrom

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5. ALTERNATIVE DESIGNATION (if applicable)  LESSEE/LESSOR  CONSIGNEE/CONSIGNOR  BAILEE/BAILOR  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)  All Debtors  Debtor 1  Debtor 2 (OPTIONAL FEE) (optional)

8. OPTIONAL FILER REFERENCE DATA  
6592195 S.Thomas MD564360005