

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY



200903300167

Skagit County Auditor

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A. NAME & PHONE OF CONTACT AT FILER [optional]
 Diligenz, Inc. 1-800-858-5294

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

41074897
 Prepared by:

Diligenz, Inc.
 6500 Harbour Heights Pkwy, Suite 400
 Mukilteo, WA 98275

Filed In: Washington Skagit

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
 200612260036 12/26/2006

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

2. **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. **ASSIGNMENT** (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

CHANGE name and/or address: Please refer to the detailed instructions in regard's to changing the name/address of a party. DELETE name: Give record name to be deleted in item 6a or 6b. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).

6. **CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME
 SKAGIT VALLEY MEDICAL CENTER, INC. P.S.

OR

6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME
 SKAGIT VALLEY MEDICAL CENTER, INC. P.S.

OR

7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
 1400 EAST KINCAID STREET MOUNT VERNON WA 98277 USA

7d. **SEE INSTRUCTIONS** ADD'L INFO RE ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION CORPORATION 7f. JURISDICTION OF ORGANIZATION WA 7g. ORGANIZATIONAL ID #, if any 600052359 NONE

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.
 Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

SEE ADDENDUM

SE NE 27/35/04
P 37834

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
 Whidbey Island Bank

OR

9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10. **OPTIONAL FILER REFERENCE DATA**
 SKAGIT VALLEY MEDICAL CENTER, INC. P.S. 41074897

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

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11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)

200612260036 12/26/2006

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

12a. ORGANIZATION'S NAME

Whidbey Island Bank

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

13. Use this space for additional information

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14. DESCRIPTION OF REAL ESTATE

— THAT PORTION OF THE WEST HALF OF THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 27, TOWNSHIP 35 NORTH, RANGE 4 EAST, W.M., DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTHEAST CORNER OF PARCEL F AS SHOWN ON SURVEY FOR UNITED GENERAL HOSPITAL DIST. #304, RECORDED UNDER AUDITORS FILE NUMBER 200504290057; THENCE S 614233 W ALONG THE SOUTH LINE OF PARCEL F AND PARCEL B OF SAID SURVEY, A DISTANCE OF 347.16 FEET TO THE MOST SOUTHERLY CORNER OF PARCEL B; THENCE N 564937 W ALONG THE SOUTH LINE OF SAID PARCEL B, A DISTANCE OF 41.43 FEET; THENCE N 000000 E, A DISTANCE OF 323.41 FEET TO THE POINT OF BEGINNING OF THIS DESCRIPTION; THENCE N 900000 E, A DISTANCE OF 343.05 FEET TO THE EAST LINE OF SAID PARCEL F; THENCE N 005050 E ALONG THE EAST LINE OF SAID PARCEL F, A DISTANCE OF 153.80 FEET TO THE NORTHEAST CORNER OF SAID PARCEL F; THENCE S 882123 E ALONG THE SOUTH LINE OF PARCEL G OF SAID SURVEY, A DISTANCE OF 96.70 FEET TO THE SOUTHEAST CORNER OF SAID PARCEL G; THENCE N 005050 E ALONG THE EAST LINE OF SAID PARCEL G, A DISTANCE OF 50.00 FEET TO THE SOUTH LINE OF THE NORTH 50 FEET OF SAID PARCEL G; THENCE N 882123 W ALONG THE SOUTH LINE OF SAID NORTH 50 FEET, A DISTANCE OF 442.91 FEET; THENCE S 000000 W, A DISTANCE OF 213.71 FEET TO THE POINT OF BEGINNING OF THIS DESCRIPTION. SITUATE IN THE CITY OF SEDRO WOOLLEY, SKAGIT COUNTY, WASHINGTON.

15. NAME AND ADDRESS OF RECORD OWNER

HOSPITAL DISTRICT #304

2000 HOSPITAL DRIVE SEDRO WOOLLEY, WA. 98284



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