

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

## A. NAME & PHONE OF CONTACT AT FILER (optional)

Diligenz, Inc. 1-800-858-5294

## B. SEND ACKNOWLEDGMENT TO: (Name and Address)

41077802

Prepared by:

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

Filed In: Washington Skagit



200904010074

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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

## 1a. INITIAL FINANCING STATEMENT FILE #

200610050079 10/5/2006

## 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 regards 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

1400 EAST KINCAID STREET

## CITY

MOUNT VERNON

## STATE

WA

## POSTAL CODE

98274

## COUNTRY

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

## 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.

41077802

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

200610050079 10/5/2006

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 REAL ESTATE

— MILLETTS TO MT VERNON LOT 4 BLK 7

15. NAME AND ADDRESS OF RECORD OWNER

SKAGIT VALLEY REAL ESTATE PARTNERSHIP, LLP

1400 EAST KINCAID STREET MOUNT VERNON, WA. 98273



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