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## **UCC FINANCING STATEMENT**

201007130020 Skagit County Auditor

7/1	3/20	10	Page
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1 of

211:38AM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY
A. NAME & PHONE OF CONTACT AT FILER [optional]
Corporation Service Company 1-800-858-5294
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
51385303 - 305020
Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703
Filed In: Washington Skagit
1. DEBTOR'S EXACT FULL LEGAL NAME-insertonly one debtor name (1a or 1b) - do not abbreviate

			Filed in: yvas	sningt	<u> </u>					
				-		E SPAC	E IS FOR	R FILING OFFICE U	SEON	LY
1, D			insert only <u>one</u> debtor name (1a	or 1b) - d	do not abbreviate or combine names					
	1a. ORGANIZATION'S NA	ME								
	SVMC, PLLC									
OR	15, INDIVIDUAL'S LASTNA	AME	The state of the s		FIRST NAME		MIDDLE N			SUFFIX
1c. N	MAILING ADDRESS		10 1		QITY .		STATE	POSTAL CODE		COUNTRY
14	00 E KINCAID S	TREET	The specific of the second		MOUNT VERNON		WA	98273		USA
1d. 3	SEEINSTRUCTIONS	ADD'L INFO RE	1e. TYPE OF ORGANIZATION	N ,	1f. JURISDICTION OF ORGANIZATION		1g. ORGA	NIZATIONAL ID#, if an)	,	
	ORGANIZATION LLC		LLC	STZ¦WAS			603019028			NONE
2. A	IDDITIONAL DEBTOR	SEXACT FULL	LEGAL NAME - insert only	one debi	otor name (2a or 2b) - do not abbreviate or con	πbine naı	nes	•		
	2a. ORGANIZATION'S NA	ME	<del></del>							
OR	2b. INDIVIDUAL'S LAST N	IAME		1	FIRST NAME		MIDDLE N	IAME		SUFFIX
2c. I	MAILING ADDRESS				СПУ		STATE	POSTAL CODE		COUNTRY
2d.	SEEINSTRUCTIONS	ADD'L INFO RE	2e. TYPE OF ORGANIZATION	N	2f, JURISDICTION OF ORGANIZATION		2g. ORGA	NIZATIONAL ID #, if any	,	
		ORGANIZATION DEBTOR		1	Annual Market	1				NONE
3. S			TOTAL ASSIGNEE of ASSIGNO	R S/P)-	insert only <u>one</u> secured party name (3a or 3b)	}				
	3a, ORGANIZATION'S NA									
	Whidbey Island	Bank				Japaner et				
OR	3b. INDIVIDUAL'S EAST N	IAME			FIRST NAME	g - North Control of the	MIDDLEN	IAME		SUFFIX
3c. l	MAILING ADDRESS				ату		STATE	POSTAL CODE		COUNTRY
PC	D Box 1589				Oak Harbor		WA	98277		USA

4. This FINANCING STATEMENT covers the following collateral:

ALL FIXTURES ATTACHED TO 809 S 15TH STREET, MOUNT VERNON, WA 98274 - PARCEL #P52384 IN SKAGIT COUNTY BROADWAY TO MT VERNON S 41FT OF LOT 1 BLK 1; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds)

5.	ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG, LIEN	NON-L/	C FILING
6.	This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum	[for record] (or recorded)	in the REAL 7, Check to REQ [if applicable] [ADDITIONAL	UEST SEARCH REPO	RT(S) on Debtor(s) [optional]	All Debtors	Debtor 1	Debtor 2
•	ODTIONAL BLED REFERENCE DATA		<del></del>					All Sales

8. OPTIONAL FILER REFERENCE DATA

SKAGIT VALLEY MEDICAL/SVMC PLLC

51385303

NAME OF FIRST DEBTOR (1a or 1b)	ON RELATED FINANCING STAT	EMENT			
9a. ORGANIZATION'S NAME	SITTLE STREET HOW TO STATE	LIFICITI			
SVMC, PLLC					
95. INDIVIDUAL'S LAST NAME	FIRST NAME	MIODLE NAME, SUFFIX			
	<u> </u>				
MISCELLANEOUS:					
ADDITIONAL DEBTOR'S EXACT FUL	LLEGAL NAME - insert columns one na			E IS FOR FILING OFF	FICE USE ONLY
11a. ORGANIZATION'S NAME	L LEGAL IVANIC - Insertoniy one na	THE (THE OF THE) - GO TOT ADDIEVALE OF	COMMINITE HALITES		<u> </u>
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIOD	LE NAME	SUFFIX
		J.			
: MAILING ADDRESS	7/1	СПУ	STAT	E POSTAL CODE	COUNTRY
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SEEINSTRUCTIONS ADD'L INFO RE ORGANIZATION		THE SURGODICTION OF ORGANIZATI	i jiig. s	MONNEATIONAL ID #, II	Пио
ADDITIONAL SECURED PARTY	Te TASSIGNOR S/P'S	NAME - insert only one name (12a o	- 12h		
12a. ORGANIZATION'S NAME	3 ar Massidifort an 3	INPOVIL - Insert only one name (12a o	120/		<del></del>
}					
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDD	LE NAME	SUFFIX
: MAILING ADDRESS		CITY	STAT	E IPOSTAL CODE	COUNTRY
S MAILING ADDRESS		(A)		L TOOME GODE	
This FINANCING STATEMENT covers ti	imber to be cut or as-extracted	16. Additional collateral description:			
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collateral, or is filed as a fixture filing.	ł	N			
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