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201108160009

Skagit County Auditor

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UCC FINANCING STATEMENT AMENDMENT

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) 60241142 - 305020 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703-4261	
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. <input checked="" type="checkbox"/>
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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 4629 SAMISH POINT RD		CITY BOW	STATE WA POSTAL CODE 98232 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			<input type="checkbox"/> 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. 449004381 60241142

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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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