



201303040247

Skagit County Auditor

3/4/2013 Page 1 of 2 4:01PM

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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| A. NAME & PHONE OF CONTACT AT FILER [optional] Corporation Service Company 1-800-858-5294 | |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) 73944933 - 305020 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703-4261 | |
| LAND/TITLE OF SKAGIT COUNTY Filed In: Washington Skagit | |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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| 1a. INITIAL FINANCING STATEMENT FILE # 201007070039 7/7/2010 | | 1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the <input checked="" type="checkbox"/> REAL ESTATE RECORDS. | |
| 2. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <input type="checkbox"/> Debtor or <input type="checkbox"/> 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. <input type="checkbox"/> CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> 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 SVMC, PLLC | | | |
| OR 6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX | | | |
| 7. CHANGED (NEW) OR ADDED INFORMATION: | | | |
| 7a. ORGANIZATION'S NAME | | | |
| OR 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX | | | |
| 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY | | | |
| 7d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE | | | |
| 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned. | | | |

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|--|--|--|--|
| 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 <input type="checkbox"/> 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 | | | |

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| 10. OPTIONAL FILER REFERENCE DATA Skagit Valley Medical/SVMC PLLC | | 73944933 |
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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (enter on Item 1a on Amendment form)

201007070039 7/7/2010

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (enter on 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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DEBTOR: SVMC, PLLC, 1400 E KINCAID STREET, MOUNT VERNON, WA 98273

SECURED PARTY: WHIDBEY ISLAND BANK, PO BOX 1589, OAK HARBOR, WA 98277

RECORD OWNER : SKAGIT VALLEY REAL ESTATE PARTNERSHIP, LLP, 1400 E KINCAID ST, MOUNT VERNON WA 98273

FILING OFFICE COPY --- NATIONAL UCC FINANCING STATEMENT AMENDMENT ADDENDUM (FORM UCC3Ad) (REV. 07/29/98)

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Skagit County Auditor