

POOR ORIGINAL



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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)

73953116- 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

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 8.

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

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 NONE

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

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./XXXXX4381 73953116

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as last to an Amendment form)

200612260036 12/26/2006

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as Item 2 of 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: SKAGIT VALLEY MEDICAL CENTER, INC. P.S., 1400 E KINCAID STREET, MOUNT VERNON, WA 98273

SECURED PARTY: WHIDBEY ISLAND BANK, PO BOX 1569, OAK HARBOR, WA 98277

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 347.18 FEET TO THE MOST SOUTHERLY CORNER OF PARCEL B; THENCE N 584937 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 006050 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.

RECORD OWNER: HOSPITAL DISTRICT #304, 2000 HOSPITAL DRIVE SEDRO WOOLLEY, WA. 98284

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT AMENDMENT ADDENDUM (FORM UCC340) (REV. 07/2008)



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Skagit County Auditor