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201303040253

Skagit County Auditor

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**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

<b>A. NAME &amp; PHONE OF CONTACT AT FILER [optional]</b>	
Corporation Service Company 1-800-858-5294	
<b>B. SEND ACKNOWLEDGMENT TO: (Name and Address)</b>	
73951821 - 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

<b>1a. INITIAL FINANCING STATEMENT FILE #</b>	<b>1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.</b>
200610050077 10/5/2006	<input checked="" type="checkbox"/>

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).

<b>6. CURRENT RECORD INFORMATION:</b>			
<b>6a. ORGANIZATION'S NAME</b>			
SKAGIT VALLEY MEDICAL CENTER, INC. P.S.			
<b>OR</b>	<b>6b. INDIVIDUAL'S LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>
			<b>SUFFIX</b>

<b>7. CHANGED (NEW) OR ADDED INFORMATION:</b>				
<b>7a. ORGANIZATION'S NAME</b>				
<b>OR</b>	<b>7b. INDIVIDUAL'S LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>SUFFIX</b>
<b>7c. MAILING ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>POSTAL CODE</b>
			<b>COUNTRY</b>	
<b>7d. SEE INSTRUCTIONS</b>	<b>ADD'L INFO RE ORGANIZATION DEBTOR</b>	<b>7e. TYPE OF ORGANIZATION</b>	<b>7f. JURISDICTION OF ORGANIZATION</b>	<b>7g. ORGANIZATIONAL ID #, if any</b>
				<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.

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.

<b>9a. ORGANIZATION'S NAME</b>			
Whidbey Island Bank			
<b>OR</b>	<b>9b. INDIVIDUAL'S LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>
			<b>SUFFIX</b>

<b>10. OPTIONAL FILER REFERENCE DATA</b>
SKAGIT VALLEY MEDICAL CENTER, INC. P.S./XXXXX4381
73951821

**UCC FINANCING STATEMENT AMENDMENT ADDENDUM**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as last to all Amendment forms)

200610050077 10/6/2006

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as Item 8 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: SKAGIT VALLEY MEDICAL CENTER, INC. P.S.

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

REAL ESTATE: THAT PORTION OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 20, TOWNSHIP 34 NORTH, RANGE 4 EAST, WM, DESCRIBED AS FOLLOWS:

COMMENCING AT A POINT 30.83 FEET SOUTH OF THE NORTHWEST CORNER OF SAID SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER; THENCE NORTH 894835 EAST, PARALLEL TO THE NORTH LINE OF SAID SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER 302.81 FEET, MORE OR LESS, TO THE NORTHERLY EXTENSION OF THE EAST LINE (EAST FACE OF BUILDING) OF THE EXISTING MEDICAL BUILDING AS THE SAME EXISTS ON JANUARY 1, 2007; THENCE SOUTH 02216 EAST, ALONG THE LINE OF THE EAST FACE OF THE EXISTING BUILDING AND THE SAME PROJECTED A DISTANCE OF 73.95 FEET TO THE TRUE POINT OF BEGINNING; THENCE CONTINUE SOUTH 02216 EAST 40.89 FEET; THENCE NORTH 894739 EAST 100.45 FEET TO THE WEST MARGIN OF SOUTH 15TH STREET; THENCE NORTH 10902 WEST, ALONG SAID LINE, 40.89 FEET TO A POINT WHICH LIES NORTH 894635 EAST FROM THE TRUE POINT OF BEGINNING; THENCE SOUTH 894835 WEST 98.89 FEET TO THE TRUE POINT OF BEGINNING. THE BASIS OF BEARING FOR THE ABOVE LEGAL DESCRIPTION IS NORTH 10635 WEST BETWEEN THE FOUND SOUTH QUARTER CORNER AND THE FOUND AND ACCEPTED 1/16TH CORNER ON KINCAID STREET. (AKA PARCEL D OF QUIT CLAIM DEED RECORDED UNDER AF#200702130080).

RECORD OWNER: SKAGIT VALLEY REAL ESTATE PARTNERSHIP, LLP, 1400 EAST KINCAID STREET MOUNT VERNON, WA. 98273

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

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