



200108300062

, Skagit County Auditor

8/30/2001 Page 1 of 2 10:26:11AM

Document Title:UCC Financing StatementReference Number :N/A/Grantor(s):☐ additional grantor names on page \_\_\_\_.

1. Shared Healthcare Group, Inc.

2.

Grantee(s):☐ additional grantee names on page \_\_\_\_.

1. Sun Healthcare Group, Inc.

2.

Abbreviated legal description:☒ full legal on page(s) 2.

Lt 2 Ama -98-003 ptn 19-35-Z

Assessor Parcel / Tax ID Number:☐ additional tax parcel number(s) on page \_\_\_\_.

350219-0-040-0008

I, Sara Fmie, am hereby requesting an emergency non-standard recording for an additional fee provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. Recording fee is \$8.00 for the first page, \$1.00 per page thereafter per document. In addition to the standard fee, an emergency recording fee of \$50.00 is assessed. This statement is to become part of the recorded document.

Signed

Sara Fmie

Dated

8/29/01

# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

James L. Spencer

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

James L. Spencer  
The Nathanson Group, PLLC  
1411 Fourth Avenue, Suite 905  
Seattle WA 98101

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

Shared Healthcare Systems, Inc.

OR 1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS

1601 R Avenue

CITY

Anacortes

STATE

WA

POSTAL CODE

98221

COUNTRY

USA

1d. TAX ID #: SSN OR EIN

91-1783165

ADD'L INFO RE ORGANIZATION

DEBTOR

1e. TYPE OF ORGANIZATION

Regular Corporation

1f. JURISDICTION OF ORGANIZATION

Delaware

1g. ORGANIZATIONAL ID #, if any

2749166

☐ NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR 2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

2d. TAX ID #: SSN OR EIN

ADD'L INFO RE ORGANIZATION

DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any

☐ NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME

Sun Healthcare Group, Inc.

OR 3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS

101 Sun Avenue NE

CITY

Albuquerque

STATE

NM

POSTAL CODE

87109

COUNTRY

USA

4. This FINANCING STATEMENT covers the following collateral:

Fixtures located upon the real property described below:

Legal Description of Property:

Lot 2, Short Plat No. ANA-98-003, approved February 8, 1999, recorded February 17, 1999 in Volume 14 of Short Plats, pages 4 and 5, under Auditor's File No. 9902170072, and being a portion of Government Lots 1 and 2, Section 19, Township 35 North, Range 2 East, W.M. and of Lots 15, 16 and 17, "Plate No. 10, TIDE AND SHORELANDS OF SECTION 19, TOWNSHIP 35 NORTH, RANGE 2 EAST, W.M. ANACORTES HARBOR", according to the official map thereof on file with the State Land Commissioner at Olympia, Washington. Situate in the County of Skagit, State of Washington.

Assessor's Property Tax Parcel/Account Number: 350219-0-040-0008

5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING

6. ☒ This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable) 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional) All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA



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