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9:34AM

## RETURN TO: U.S. CORPORATE SERVICES 12750 SW PACIFIC HWY. STE. 201 PORTLAND, OR 97223-6138 (503) 443-1822 Pal872JL -

## UCC 5 CHANGE FORM (County Auditor)

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97: (please print last name first)			
Reference # (If applicable) 1584272043			
Debtor(s	s) (Assignor): (1)	(2)	Add. on pg.
Secured Party(ies) (Assignee): (1) (2)			
Add. on page Legal Description (abbreviated):			
Add. legal is on page			
1. Debtor(s): (last name first, and mailing address(es) 2. Secured Party(ies) and address(es):			
CHUCKANUT VALLEY VETERINARY CLINIC INC 896 N. BURLINGTON BLVD BURLINGTON, WA 98233  U.S. BANK, NATIONAL ASSOCIATION 555 SW OAK ST PL-7 PORTLAND, OR 97204			
3. Assignee(s) of Secured Party(ies) and address(es):			
4. This statement refers to original UCC-2 number 9611270023 BK 1607 PG 006 Dated 11-27-1996			
5.	Number of additional sheets attached:		<u>.</u>
6.	CONTINUATION. The original UCC-2 between the foregoing Debtor(s) and Secured Party(ies) bearing auditors receiving number shown above is still effective.		
	FULL ASSIGNMENT. All of the Secured Party's rights under the UCC-2 bearing auditors receiving number shown above to the property DESCRIBED BELOW have been assigned to the Assignee(s) whose NAME(S) AND ADDRESS(ES) APPEAR ABOVE.		
	PARTIAL ASSIGNMENT. The Secured Party's rights under the UCC-2 bearing auditors receiving number shown above to the property DESCRIBED BELOW have been assigned to the Assignee(s) whose NAME(S) AND ADDRESS(ES) APPEAR ABOVE.		
	AMENDMENT. UCC-2 bearing auditors receiving number shown above is amended AS SET FORTH BELOW.		
	PARTIAL RELEASE. Secured Party(ies) releases the collateral DESCRIBED BELOW from the UCC-2 bearing auditors receiving number shown above.		
$\boxtimes$	TERMINATION. Secured Party(ies) no longer claims a securabove.	rity interest under the UCC-2 bearing aud	itors receiving number shown

DESCRIPTION:

7. DATED: JULY 1, 2002

ELLENA M. THOMAS

COLLATERAL RELEASE SPECIALIST FOR U.S. BANK NATIONAL ASSOCIATION

CTYPE NAME(S) OF SEQURED PARTY(IES) (or assignee(s)) TYPE NAME(S) OF DEBTOR(S) (or assignor(s))

SIGNATURE(S) OF DEBTOR(S) (or assignor(s))

(Required if amendment)

SIGNATURE(S) OF SECURED PARTY(IES) (or assignee(s))

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