

WHEN RECORDED RETURN TO:

Skagit State Bank

1620 Continental Place, P O Box 1040
Mount Vernon, WA 98274



200307290029
Skagit County Auditor

7/29/2003 Page 1 of 2 10:16AM

WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

1. Grantor(s): (last name first, and mailing address(es)) NORTHWEST COMPREHENSIVE PAIN CONSULTANTS INC PS TIN: 05-0565809 416 S 7TH ST MOUNT VERNON, WA 98274	2. Grantee(s)/Assignee/Beneficiary: Skagit State Bank 1620 Continental Place P. O. Box 1040 Mount Vernon, WA 98274	3. Assignee(s) of Secured Party(ies):
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THIS FIXTURE FILING SHALL COVER COLLATERAL THAT IS AFFIXED TO THE FOLLOWING DESCRIBED PROPERTY.

Reference Number: **P26891**

Short Legal Description: **PTN SW 1/4 NE 1/4 AKA TR B C & D SHT PLT MV 2-78 AF #872767**

Additional on page _____

Assessor's Tax Parcel ID#: **340420-1-008-0002**

Legal Description: **PTN SW 1/4 NE 1/4**

AKA TR B C & D SHT PLT MV 2-78 AF #872767

Additional on page _____

THIS FIXTURE FILING COVERS THE FOLLOWING DESCRIBED PROPERTY

See Attached Exhibit 1 to UCC-2 Financing Statement dated July 16, 2003.

4. ☒ The debtor is the record owner.

5. This statement is signed by the Secured Party(ies) instead of the Debtor(s) to perfect a security interest in collateral: (Please check appropriate box)

- (a) ☐ already subject to security interest in another jurisdiction when it was brought into this state, or when the debtor's location was changed to this state, or
- (b) ☐ which is proceeds of the original collateral described above in which a security interest was perfected, or
- (c) ☐ as to which the recording has lapsed, or
- (d) ☐ acquired after a change of name, identity, or corporate structure of the debtor(s).

6. Complete fully if box (d) is checked: complete as applicable for (a), (b), and (c):

Original recording number _____

Office where recorded _____

Former name of debtor(s) _____

Dated 7-29 20 03

Marian E. Johnston, MD

TYPE NAME(S) OF DEBTOR(S) (or assignor(s))

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

COPY 1 - COUNTY AUDITOR

Skagit State Bank

TYPE NAME(S) OF SECURED PARTY(IES) (or assignee(s))

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

FORM APPROVED FOR USE IN THE STATE OF WASHINGTON

EXHIBIT TO UCC-2 FINANCING STATEMENT

July 16, 2003

DEBTORS:

NORTHWEST COMPREHENSIVE PAIN CONSULTANTS INC PS (TIN: 05-0565809)

MAILING ADDRESS:

416 S 7TH ST, MOUNT VERNON, WA 98274

THIS FIXTURE FILING SHALL COVER COLLATERAL THAT IS AFFIXED TO THE FOLLOWING DESCRIBED PROPERTY:

This Financing Statement is to be recorded in the real estate records. Some or all of the collateral is located on the following described real estate: PTN SW 1/4 NE 1/4 AKA TR B C & D SHT PLT MV 2-78 AF #872767

THIS FIXTURE FILING COVERS THE FOLLOWING DESCRIBED PROPERTY:

All Accounts, Patient Records, and Patient Accounts, Machinery and Equipment, Furniture & Fixtures, Leasehold Improvements and General Intangibles used in the operation of Northwest Comprehensive Pain Consultants, 125 N. 18th St. Ste B, Mount Vernon, WA 98273 in a Ptn of SW 1/4 of the NE 1/4 AKA TR B C & D Sht Plt MV 2-78 AF #872767; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and other accounts proceeds)

All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds).

This Exhibit is executed on the same date as the UCC-2 Financing Statement by Skagit State Bank and the undersigned.

Marian E. Johnston, MD

Signature(s) of Debtor(s)

Skagit State Bank

By:

Signature(s) of Secured Party (ies)



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Skagit County Auditor