

WHEN RECORDED RETURN TO:
Horizon Bank
Commercial Banking Center
2211 Rimland Drive, Suite 230
Bellingham, WA 98226



200312080067
Skagit County Auditor

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WASHINGTON UCC-2 COUNTY AUDITOR FIXTURE FILING

1. Grantor(s): (last name first, and mailing address(es)) Skagit River Chiropractic P.S. Inc 830 E. Fairhaven Ave Burlington, WA 98233	2. Grantee(s)/Assignee/Beneficiary: Horizon Bank 2211 Rimland Dr. Suite #230 Bellingham, WA 98226	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: _____ Additional on page _____
Short Legal Description: **Lot 1 and 2, Block 45, "Burlington"**
Additional on page _____

Assessor's Tax Parcel ID#: **4076-045-002-0004 (P71600)**
Legal Description: **Lots 1 and 2, Block 45, " AMENDED PLAT OF BURLINGTON"**, according to the plat thereof recorded in Volume 3 of Plats, page 17, records of Skagit County, Washington

THIS FIXTURE FILING COVERS THE FOLLOWING DESCRIBED PROPERTY

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).

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 _____, 20____

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

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

COPY 1 - COUNTY AUDITOR

Horizon 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