

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):

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