

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY



200603160039

Skagit County Auditor

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A. NAME & PHONE OF CONTACT AT FILER [optional] Diligenz, Inc. 1-800-858-5294	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)  18215149 Prepared by:  Diligenz, Inc. 6500 Harbour Heights Pkwy, Suite 400 Mukilteo, WA 98275	
Filed In: Washington Skagit	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (1a or 1b) - do not abbreviate or combine names				
1a. ORGANIZATION'S NAME BURLINGTON PHYSICAL THERAPY, LLC				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 1186 BURLINGTON BLVD		CITY BURLINGTON	STATE WA	POSTAL CODE 98233
			COUNTRY USA	
1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION LLC	1f. JURISDICTION OF ORGANIZATION WA	1g. ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> 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 <input type="checkbox"/> NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only <u>one</u> secured party name (3a or 3b)				
3a. ORGANIZATION'S NAME Whidbey Island Bank				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS PO Box 1589		CITY Oak Harbor	STATE WA	POSTAL CODE 98277
			COUNTRY USA	

4. This FINANCING STATEMENT covers the following collateral:

All Furniture, Fixtures and Equipment of Burlington Physical Therapy and All Accounts of Anacortes Physical Therapy; 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)

Parcel number 340405-0-015-0004

Exhibit "A" attached.

5-344

5. ALTERNATIVE DESIGNATION [if applicable]:		LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. <input checked="" type="checkbox"/> 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		ANACORTES PHYSICAL THERAPY, INC., P.S.					
		18215149					

EXHIBIT "A"

order #18215149

**Legal Description**

ACRES 0.66, THAT PORTION OF THE NORTH 1/2 OF THE NORTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 5, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M., DESCRIBED AS FOLLOWS: BEGINNING AT A POINT ON THE EAST LINE OF STATE HIGHWAY 99 WHICH IS 110 FEET NORTH AND 30 FEET EAST OF THE SOUTHWEST CORNER OF SAID NORTH 1/2 OF THE NORTHWEST 1/4 OF THE SOUTHWEST 1/4; THENCE SOUTH 89-33-07 EAST 245 FEET TO THE WEST LINE OF GILKEY'S ADDITION TO BURLINGTON, AS PER PLAT RECORDED THEREOF IN VOLUME 7 OF PLATS, PAGE 29, RECORDS OF SKAGIT COUNTY; THENCE NORTH 0-37 WEST ALONG THE WEST LINE OF SAID PLAT 119.65 FEET, MORE OR LESS, TO THE SOUTH LINE OF THOSE PREMISES CONVEYED TO GEORGE H. STOLLWERCK ET UX, BY DEED DATED AUGUST 14, 1957, FILED AUGUST 27, 1957, AS FILE NO. 555470 AND RECORDED IN VOLUME 288 OF DEEDS, AT PAGE 792; THENCE NORTH 89-33-07 WEST ALONG THE SOUTH LINE OF SAID STOLLWERCK PREMISES 245 FEET TO THE EAST RIGHT OF WAY LINE OF STATE HIGHWAY NO. 99; THENCE SOUTH 0-37 EAST ALONG THE WEST LINE OF SAID HIGHWAY 119.65 FEET, MORE OR LESS, TO THE POINT OF BEGINNING.



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