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## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) SKAGIT STATE BANK

301 E FAIRHAVEN AVE P O BOX 285 **BURLINGTON, WA 98233**  **Skagit County Auditor** 

6/1/2006 Page

3 9:35AM

	<u> </u>			THE AS	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY					
1. D	EBTOR'S EXACTFUL	LLEGAL NAME	insert only <u>one</u> debtor name (1a or 1b) - o	do not abbreviate or combine names						
	1a. ORGANIZATION'S NAM									
ı	PACIFIC NO	RTHWES	T CARDIOLOGY,	INC. P.S.						
OR	16. INDIVIDUAL'S LAST NA	ME		FIRST NAME	MIDDLE		SUFFIX			
1c. N	MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY			
Ω1	9 S 13TH ST		The second secon	MOUNT VERNON	WA	98273	USA			
	SEEINSTRUCTIONS		1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1 1g. ORGA	NIZATIONAL ID #, if an	ÿ			
		ORGANIZATION DEBTOR	CORPORATION	WA .	⊥600 ±	54 <u>6 300</u>	NONE			
2. A	DDITIONAL DEBTOR	'S EXACT FULL	LEGAL NAME - insert only one det	otor name (2a or 2b) - do not abbreviate o	or combine names					
	2a. ORGANIZATION'S NAI									
OR	2b. INDIVIDUAL'S LAST N	AME	<u> </u>	FIRSTNAME	MIDOLE	NAME	SUFFIX			
2c. l	MAILING ADDRESS			СПҮ	STATE	POSTAL CODE	COUNTRY			
2d. }	SEEINSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	28. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG.	ANIZATIONAL ID#. if an	NONE			
2 6	COUDED DARTVIS	<u> </u>	TOTAL ASSIGNEE of ASSIGNOR SIP)	- insert only <u>one</u> secured party name (3a o	r3b)					
	39. ORGANIZATION'S NA SKAGIT STA	ME								
OR	3b. INDIVIDUAL'S LAST N	IAME		FIRST NAME	MIDDLE	NAME	SUFFIX			
3c. l	MAILING ADDRESS			СПУ	STATE	POSTAL CODE	COUNTRY			
		VEN AVE	, P O BO <u>X 2</u> 85	BURLINGTON	WA	98233	USA			
	his FINANCING STATEME				all the second					

P52637 DALE & SHEAS TO MT VERNON S 7FT VAC CARPENTER ST ADJ TO & N 105FT OF W 10FT LT 2 & N 105FT LT 3 E OF 13TH ST

With all of the above being located at 301 S 13TH ST, third floor, Mount Vernon, WA 98273, and also 819 S 13TH ST,

All leasehold improvements, machinery, equipment, furniture and 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

MILLETT'S TO MT VERNON LTS 7 TO 10 BLK 6 P53550

						<u> </u>
5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for ESTATE RECORDS. Attach Addendum	or record] (or recorded)	in the REAL 7, Check to REQ	UEST SEARCH RÉPOI FEEI	RT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA		, <u></u>				A STANDARD STANDARD

and accounts proceeds).

Mount Vernon, WA 98273.

C FINANCING STATEM	() CAREFULLY					
IAME OF FIRST DEBTOR (1a or 1b)	ON RELATED FINANCING STAT	EMENT				
9a. ORGANIZATION'S NAME						
PACIFIC NORTHWEST (		MIDDLE NAME, SUF	-EIV			
9b. INDIVIDUAL'S LASTNAME	FIRST NAME	MIODE NAME, SUF				
MISCELLANEOUS:						
						·
		_			FOR FILING OFFI	E USE ONLY
ADDITIONAL DEBTOR'S EXACT FL	ILL LEGAL NAME - insert only one na	ame (11a or 11b) - do not ab	breviate or combine nam	es		
11a. ORGANIZATION'S NAME	and the second s	and the				
116, INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE N	IAME	SUFFIX
		1/				
c. MAILING ADDRESS	<u> </u>	cny		STATE	POSTAL CODE	COUNTRY
d. <u>SEEINSTRUCTIONS</u> ADD'L INFO RE ORGANIZATIO DEBTOR		13t JURISDICTION OF O	RGANIZATION	11g. ORG	ANIZATIONAL ID#, if a	ny NONE
ADDITIONAL SECURED PART	Y'S or ASSIGNOR S/P'S	NAME - insert only <u>one</u> r	ame (12a or 12b)		<u> </u>	
12a. ORGANIZATION'S NAME		September 1988	N. Maria			
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	7	MIDDLE I	NAME	SUFFIX
The state of the s		1	part of the second	1		
c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
3. This FINANCING STATEMENT covers	timber to be cut or as-extracted	16. Additional collateral t	description:			<del>-</del>
collateral, or is filed as a fixture filing.	Ĺ		Marine Salah	Print.		
4. Description of real estate:						
P53550						
LEGAL DESCRIPTION MILLETT'S TO MT VERNO	ON LTS 7 TO 10 BLK 6			, Salah Panah		
				U.	and the second s	
				The Management of		
				e <sup>ger</sup>		
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					And the second s	
•						
<ol> <li>Name and address of a RECORD OWNER (if Debtor does not have a record interest);</li> </ol>	of above-described real estate					
SKAGIT VALLEY R/E PAR	TNERSHIP					<u> </u>
1400 E KINCAID		17, Check <u>only</u> if applica	ble and check <u>only</u> one b	OX.	2	Z/J/Z
MOUNT VERNON, WA 982	74		Trustee acting with	respect to p	roperty held in trust or	Decedent's Estat
		18. Check only if applica		<b>                                    </b>	PAKA CAND PAK) JUWA AWA ARIA ARAA	(
		Debtor is a TRANSM	IITTING UTIL	)	INDI PARA AND DIVIPARA PART (IN)	ANA RAYN SAN TAN SAN SAN SAN SAN SAN SAN SAN SAN SAN S
		[ <del>                                      </del>			itak enile tikk etue ethi ethik ethik valu	'NY INDRIN NY INDRIN
		Filed in connection v	vith a Manuf		MINIM MI 00606010	) 0 6 8 0 0 0 8

CC FINANCING STATEMENT ADDENDUM	Λ				
LLOW INSTRUCTIONS (front and back) CAREFULLY	FATENSHIT				
NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING ST	TATEMENT				
9a. ORGANIZATION'S NAME	_ ~				
PACIFIC NORTHWEST CARDIOLOGY, INC. 1		Į			
96. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME.SUFFIX				
MISCELLANEOUS:					
		THE ABO	OVE SPACE I	S FOR FILING OFFI	CE USE ONLY
TOTAL DESTABLE EVENT SULL SOME MANKS	241 a as 14 k) . da sad alabara				<del></del>
I. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only on 11a, ORGANIZATION'S NAME	e name (11a or 11b) - do not abbre	Mate or combine r	ames		
ITIA, ORGANIZATION S NAIME					
R ALL INDIVIDIOUS LAST NAME	Terest Labor		LAIDELE	NALAT.	SUFFIX
11b, INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
	.414. <u> </u>				
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
d. <u>SEE INSTRUCTIONS</u> ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	111 JURISDICTION OF ORGA	NIZATION	11g. ORG	SANIZATIONAL ID #, if a	ny NO
	O'S NAME insert only one name	e (12a or 12b)			
12a. ORGANIZATION'S NAME		N. T.			
	and the second second	1			
12b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
		<i>!</i>			
ts MAILING ADDRESS	CITY	A STATE OF THE STA	STATE	POSTAL CODE	COUNTRY
V. WINERO TOPICO					
This FINANCING STATEMENT covers  timber to be cut or  as-extracte collateral, or is filed as a fixture filing.      Description of real estate:	d 16. Additional collateral desc	ription:	potential de la companya de la comp	<u> </u>	<del> </del>
			Arrama de la California		
P52637					
				est of	
LEGAL DESCRIPTION			3 /		
DALE & SHEAS TO MT VERNON S 7FT VAC			A STATE OF THE STA	.As	
CARPENTER ST ADJ TO & N 105FT OF W 10FT					
LT 2 & N 105FT LT 3 E OF 13TH ST					
			M. Martine and A.		
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			§.		
				The second s	
<ol> <li>Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):</li> </ol>					
PUBLIC HOSPITAL DIST #1				1/1	
415 KINCAID ST	47 66-6-6-7				
MOUNT VERNON, WA 98273	17. Check only if applicable a			4.	AC/IZ
VIUUNI YEMNUN, WA 702/3	Debtor is a Trust or			roperty held in trust or	Decedent's Est
	18. Check only if applicable a	and check <u>only</u> on	e box.		
	(C)	UA LIEU IOV			Nage of
	Debtor is a TRANSMITTI	NG OTILITY	1 (6 400	### PAN EDDE GAR	UND 8444 57
			) <b># 1</b>	THAN FALL BUILD FALL FALL FOR A FIRM	HAN BAN BAN BAN IAN WAN
	Debtor is a TRANSMITTII  Filed in connection with a	a Manufactu			

FILING OFFICE COPY - UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 05/2

Skagit County Auditor

6/1/2006 Page

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