

# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY



200606010068

Skagit County Auditor

6/1/2006 Page 1 of 3 9:35AM

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**

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

## 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME  
**PACIFIC NORTHWEST CARDIOLOGY, INC. P.S.**

OR  
 1b. INDIVIDUAL'S LAST NAME

1c. MAILING ADDRESS  
**819 S 13TH ST**

CITY  
**MOUNT VERNON**

STATE  
**WA**

POSTAL CODE  
**98273**

COUNTRY  
**USA**

1d. SEE INSTRUCTIONS

ADD'L INFO RE ORGANIZATION DEBTOR

1e. TYPE OF ORGANIZATION  
**CORPORATION**

1f. JURISDICTION OF ORGANIZATION  
**WA**

1g. ORGANIZATIONAL ID #, if any  
**600 546 300**

☐ NONE

## 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR  
 2b. INDIVIDUAL'S LAST NAME

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

2d. SEE INSTRUCTIONS

ADD'L INFO RE ORGANIZATION DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any

☐ NONE

## 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME  
**SKAGIT STATE BANK**

OR  
 3b. INDIVIDUAL'S LAST NAME

3c. MAILING ADDRESS  
**301 E FAIRHAVEN AVE, P O BOX 285**

CITY  
**BURLINGTON**

STATE  
**WA**

POSTAL CODE  
**98233**

COUNTRY  
**USA**

## 4. This FINANCING STATEMENT covers the following collateral:

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 and accounts proceeds).

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

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

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

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 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

**PACIFIC NORTHWEST CARDIOLOGY**

# UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

## 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME

**PACIFIC NORTHWEST CARDIOLOGY, INC. P.S.**

OR

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME SUFFIX

## 10. MISCELLANEOUS:

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## 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11d. SEE INSTRUCTIONS

ADD'L INFO RE  
ORGANIZATION  
DEBTOR

11e. TYPE OF ORGANIZATION

11f. JURISDICTION OF ORGANIZATION

11g. ORGANIZATIONAL ID #, if any

☐ NONE

## 12. ADDITIONAL SECURED PARTY'S of ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

12c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☒ fixture filing.

14. Description of real estate:

**P53550**

## LEGAL DESCRIPTION

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

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

**SKAGIT VALLEY R/E PARTNERSHIP  
1400 E KINCAID  
MOUNT VERNON, WA 98274**

16. Additional collateral description:

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check

- ☐ Debtor is a TRANSMITTING UTIL  
☐ Filed in connection with a Manuf  
☐ Filed in connection with a Public



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## 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

|                            |   |                     |  |
|----------------------------|---|---------------------|--|
| 9a. ORGANIZATION'S NAME    | PACIFIC NORTHWEST CARDIOLOGY, INC. P.S. |                     |  |
| OR                         |   |                     |  |
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME                              | MIDDLE NAME, SUFFIX |  |

## 10. MISCELLANEOUS:

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## 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

|                             |                                   |                           |                                   |                                  |
|-----------------------------|-----------------------------------|---------------------------|-----------------------------------|----------------------------------|
| 11a. ORGANIZATION'S NAME    |                                   |                           |                                   |                                  |
| OR                          |                                   |                           |                                   |                                  |
| 11b. INDIVIDUAL'S LAST NAME | FIRST NAME                        | MIDDLE NAME               | SUFFIX                            |                                  |
| 11c. MAILING ADDRESS        | CITY                              | STATE                     | POSTAL CODE                       | COUNTRY                          |
| 11d. SEE INSTRUCTIONS       | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION | 11g. ORGANIZATIONAL ID #, if any |
|                             |                                   |                           |                                   | <input type="checkbox"/> NONE    |

## 12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

|                             |            |             |             |         |
|-----------------------------|------------|-------------|-------------|---------|
| 12a. ORGANIZATION'S NAME    |            |             |             |         |
| OR                          |            |             |             |         |
| 12b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX      |         |
| 12c. MAILING ADDRESS        | CITY       | STATE       | POSTAL CODE | COUNTRY |

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☒ fixture filing.

14. Description of real estate:

P52637

## LEGAL DESCRIPTION

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

15. Name and address of a RECORD OWNER of above-described real estate  
(if Debtor does not have a record interest):

PUBLIC HOSPITAL DIST #1  
1415 KINCAID ST  
MOUNT VERNON, WA 98273

16. Additional collateral description:

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY  
☐ Filed in connection with a Manufactu  
☐ Filed in connection with a Public-Fin



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