		200608090012			
CC FINANCING STATEMENT AMENDA	IENT			County Aud	
LLOW INSTRUCTIONS (front and back) CAREFULLY		8/9/2	2006 Page	-	2 9:54A
ANCY SHIPMAN 360-255-2814		50 <u></u>			
SEND ACKNOWLEDGMENT TO: (Name and Address)	_				
HORIZON BANK 2211 RIMLAND DRIVE SUITE 230 BELLINGHAM WA 98226					
THIS SHEET ONLY, FOR TERMINATI	ONS				
	[THE ABOVE S		FILING OFFICE L	
	······································		to be f	iled [for record] (or re	ENT AMENDMENT is acorded) in the
200312080067	d above is terminated with respe	ct to security interest(s) of th		ESTATE RECORDS authorizing this Term	
CONTINUATION: Effectiveness of the Financing Statement identi continued for the additional period provided by applicable law					
ASSIGNMENT (full or partial): Give name of assignee in item 7a or	r 7b and address of assignee in i	tem 7c and also give name	of assignor in ite	m 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affects		Party of record Check only	one of these two	boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate inform CHANGE name and/or address: Please refer to the detailed instructions in reaards to changing the name/address of a party.	nation in items 6 and/or 7. DELETE name: to be deleted in i	Give record name tem 6a or 6b.	ADD nar also com	ne: Complete item 7a Iplete items 7e-7g (if ar	or7b, and also item 7c; oplicable).
CURRENT RECORD INFORMATION					
Skagit River Chiropractic P.S. Inc.					
GD. INDIVIDUAL'S LAST NAME	FIRST NAME			ME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:				· · · · · · · · · · · · · · · · · · ·	
7a. ORGAN:ZATION'S NAME		a an			
	FIRST NAME	and the second		A 840	SLIFFIX
75. INDIVIDUAL'S LAST NAME	FIRST NAME	-12 \sim	MIDDLE N	BNIE	SEP IX
75. INDIVIDUADS LAST NAME		()		POSTAL CODE	
75. INDIVIDUADIS LASTINAME 2. MAILING ADDRESS	СІТУ		STATE WA	POSTAL CODE 98233	
75. INDIVIDUAUS LAST NAME 2. MAILING ADDRESS 330 E. Fairhaven Ave. 1. SEEINSTRUCTIONS ADDULINFORE 178. TYPE OF ORGANIZA ORGAN.ZATION	CITY Burlington	OF ORGANIZATION	STATE WA	POSTAL CODE	
75. INDIVIDUAUS LAST NAME 2. MAILING ADDRESS 330 E. Fairhaven Ave. 3. SEEINSTRUCTIONS ADD'L INFO RE 179. TYPE OF ORGANIZA ORGAN:ZATION DEBTOR	CITY Burlington	OF ORGANIZATION	STATE WA	POSTAL CODE 98233	COUNTRY USA any
75. INDIVIDUAUS LAST NAME 2. MAILING ADDRESS 330 E. Fairhaven Ave. 1. SEEINSTRUCTIONS ADDULINFORE 70. TYPE OF ORGANIZA ORGANIZATION	CITY Burlington TION 71. JURISDICTION		STATE WA 793ORGA	POSTAL CODE 98233	
75. INDIVIDUAU'S LAST NAME 2. MAILING ADDRESS 30 E. Fairhaven Ave. 3. SEEINSTRUCTIONS ADD'L INFO RE 78. TYPE OF ORGANIZA ORGAN.ZATION DEBTOR AMENOMENT (COLLATERAL CHANGE): check only one box.	CITY Burlington TION 71. JURISDICTION		STATE WA 793ORGA	POSTAL CODE 98233	
75. INDIVIDUAU'S LAST NAME 2. MAILING ADDRESS 30 E. Fairhaven Ave. 3. SEEINSTRUCTIONS ADD'L INFO RE 78. TYPE OF ORGANIZA ORGAN.ZATION DEBTOR AMENOMENT (COLLATERAL CHANGE): check only one box.	CITY Burlington TION 71. JURISDICTION		STATE WA 793ORGA	POSTAL CODE 98233	
75. INDIVIDUAU'S LAST NAME 2. MAILING ADDRESS 30 E. Fairhaven Ave. 3. SEEINSTRUCTIONS ADD'L INFO RE 78. TYPE OF ORGANIZA ORGAN.ZATION DEBTOR AMENOMENT (COLLATERAL CHANGE): check only one box.	CITY Burlington TION 71. JURISDICTION		STATE WA 793ORGA	POSTAL CODE 98233	
75. INDIVIDUAU'S LAST NAME 2. MAILING ADDRESS 30 E. Fairhaven Ave. 3. SEEINSTRUCTIONS ADD'L INFO RE 78. TYPE OF ORGANIZA ORGAN.ZATION DEBTOR AMENOMENT (COLLATERAL CHANGE): check only one box.	CITY Burlington TION 71. JURISDICTION		STATE WA 793ORGA	POSTAL CODE 98233	
75. INDIVIDUAU'S LAST NAME 2. MAILING ADDRESS 30 E. Fairhaven Ave. 3. SEEINSTRUCTIONS ADD'L INFO RE 78. TYPE OF ORGANIZA ORGAN.ZATION DEBTOR AMENOMENT (COLLATERAL CHANGE): check only one box.	CITY Burlington TION 71. JURISDICTION		STATE WA 793ORGA	POSTAL CODE 98233	
75. INDIVIDUAU'S LAST NAME 2. MAILING ADDRESS 30 E. Fairhaven Ave. 3. SEEINSTRUCTIONS ADD'L INFO RE 78. TYPE OF ORGANIZA ORGAN.ZATION DEBTOR AMENOMENT (COLLATERAL CHANGE): check only one box.	CITY Burlington TION 71. JURISDICTION		STATE WA 793ORGA	POSTAL CODE 98233	
75. INDIVIDUAUS LAST NAME MAILING ADDRESS 30 E. Fairhaven Ave. ADD'LINFORE [7e. TYPE OF ORGANIZA ORGAN,ZATION DEBTOR AMENOMENT (COULATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restate	CITY Burlington TION 71. JURISDICTION to collateral description, or oes	cribe collateral assign	STATE WA 793ORGA	POSTAL CODE 98233 NIZATIONAL ID #. If	
75. INDIVIDUAU'S LAST NAME 2. MAILING ADDRESS 30 E. Fairhaven Ave. 3. SEEINSTRUCTIONS ADD'L INFO RE 78. TYPE OF ORGANIZA ORGAN.ZATION DEBTOR AMENOMENT (COLLATERAL CHANGE): check only one box.	CITY Burlington TION 71. JURISDICTION to collateral description, or oes	cribe collateral assign	state WA 75: ORGA	POSTAL CODE 98233 NIZATIONAL ID #, If	COUNTRY USA any INCN
75. INDIVIDUAUS LAST NAME 2. MAILING ADDRESS 330 E. Fairhaven Ave. 4. SEEINSTRUCTIONS ADD'L INFO RE (75. TYPE OF ORGANIZA ORGAN,ZATION DEBTOR AMENOMENT (COLLATERAL CHANGE): oneck only one box. Describe collateral deleted or added, or give entire restate AME OF SECURED PARTY OF RECORD AUTHORIZING T adds collateral or adds the authorizing Debtor, or if this is a Terminalion a Ba. ORGANIZATION'S NAME	CITY Burlington TION 71. JURISDICTION to collateral description, or oes	cribe collateral assign	state WA 75: ORGA	POSTAL CODE 98233 NIZATIONAL ID #, If	COUNTRY USA any NON
75. INDIVIDUAUS LAST NAME 2. MAILING ADDRESS 330 E. Fairhaven Ave. 4. SEEINSTRUCTIONS ADD'L INFO RE 178. TYPE OF ORGANIZA ORGAN.ZATION AMENDMENT (COLLATERAL CHANGE): oneck only one box. Describe collateral deleted or added, or give entire restate NAME OF SECURED PARTY OF RECORD AUTHORIZING Tadds collateral or adds the authorizing Debtor, or if this is a Termination of	CITY Burlington TION 71. JURISDICTION to collateral description, or oes	cribe collateral assign	state WA 75: ORGA	POSTAL CODE 98233 NIZATIONAL ID #. If	COUNTRY USA any NON

~

. . .

FILING OFFICE COPY - UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

- -----

۶



Horizon Bank

Commercial Banking Center 2211 Rimland Drive, Suite 230 Bellingham, WA 98226



200312080067 Skagit County Auditor

12/8/2003 Page 1 of

1 10:41AM

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/Beneficary: 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.

Additional on page _

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. X The debtor is the record owner.	
 This statement is signed by the Secured Party(ies)instead of the Debtor(s) to p security interest in collateral: (Please check appropriate box) 	erlect a 6. Complete fully if box (d) is checked: complete as applicable for (a), (b), and (c):
(a) already subject to security interest in another jurisdiction when it we into this state, or when the debtor's location was changed to this state.	vas brought Original recording number late, or
(b) which is proceeds of the original collateral described above in while security interest was perfected, or	ch a Office where recorded
(c) as to which the recording has lapsed, or	Former name of debtor(s)
(d) acquired after a change of name, identity, or corporate structure of	f the debtor(s).
Dated, 20	Horizon Bank
TYPE NAME(S) OF DEBTOR(S) (or assignor(s))	TYPE NAME(S) OF SECURED PARTY(IES) (or assignee(s))
SIGNATURE(S) OF DEBTOR(S) (or assignor(\$))	SIGNATURE(S) OF SECURED PARTY(IES) (or assignee(s))
COPY 1 - COUNTY AUDITOR	200608090012 Skagit County Auditor
	8/9/2006 Page 2 of 2 9:54AM