| LAW Offices of Thomas K. Slattery, PLLC 1250 24th Street NW, Suite 300  Washington, DC 20037  LAND TITLE OF SKAGIT COUNTY  VOSDV-SV  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  DEBTOR'S EXACT FULL LEGAL NAME - insert only ging debtor name (1s or 1b) - do not abbreviate or combine names  1s. ORGANIZATION'S NAME  HP Burlington Partners, LLC  1s. INDIVIDUAL'S LASTNAME  MIDDLE NAME  STATE  POSTAL CODE  COUNTRY  OR  ADDIT INFO RE 1s. TYPE OF ORGANIZATION  DUTHAM  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only ging debtor name (2s or 2b) - do not abbreviate or combine names  2s. MAILING ADDRESS  CITY  STATE  FIRST NAME  MIDDLE NAME  MIDDLE NAME  SUFFIX  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only ging debtor name (2a or 2b) - do not abbreviate or combine names  2s. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  MA  ADDIT INFO RE  SUFFIX  CITY  STATE  POSTAL CODE  COUNTRY  ADDIT INFO RE  SUFFIX  CITY  STATE  POSTAL CODE  COUNTRY  ADDIT INFO RE  SUFFIX  CITY  STATE  POSTAL CODE  COUNTRY  STATE  POSTAL CODE  COUNTRY  ADDIT INFO RE  SUFFIX  CITY  STATE  POSTAL CODE  COUNTRY  ADDIT INFO RE  SUFFIX  CITY  STATE  POSTAL CODE  COUNTRY  ADDIT INFO RE  SUFFIX  STATE  POSTAL CODE  COUNTRY  STATE  POSTAL CODE  STATE  S | DLLOW INSTRUCTIONS (front and back) CAREFULLY  NAME & PHONE OF CONTACT AT FILER [optional]  |   | 200608240143   |          |  |  |
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| LAND TITLE OF SKAGIT COUNTY    10  | Law Offices of Thomas K. Slattery, PLLC<br>1250 24th Street NW, Suite 300   |   |  | 3 2:12PM |  |  |
| THE ORGANIZATION'S NAME  HP Burlington Partners, LLC  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  STATE POSTAL CODE  COUNTRY  ORGANIZATION'S MANE  LIST NAME  ADDL INFO RE IS TYPE OF ORGANIZATION  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only gag debtor name (Za or Za) - do not abbreviate or combine names  ADDL INFO RE IS TYPE OF ORGANIZATION  CESTOR  Illimited liab co  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only gag debtor name (Za or Za) - do not abbreviate or combine names  2a ORGANIZATION'S NAME  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only gag debtor name (Za or Za) - do not abbreviate or combine names  2a ORGANIZATION'S NAME  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only gag debtor name (Za or Za) - do not abbreviate or combine names  2a INDIVIDUAL'S LAST NAME  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only gag debtor name (Za or Za) - do not abbreviate or combine names  2a INDIVIDUAL'S LAST NAME  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only gag debtor name (Za or Za) - do not abbreviate or combine names  2a INDIVIDUAL'S LAST NAME  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only gag secured party name (Sa or Sa)  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SIP) - Insert only gag secured party name (Sa or Sa)  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SIP) - Insert only gag secured party name (Sa or Sa)  SECURED PARTY'S NAME (or NAME of NAME of NAME of NAME (SA ORGANIZATION STATE (SA  | LAND TITLE OF SKAGIT COUNTY   | THE   | NROVE SPACE IS FOR FILING OFFICE US  | E ONI Y  |  |  |
| HP Burlington Partners, LLC  15. INDIVIDUAL'S LASTNAME  SUFFIX  16. INDIVIDUAL'S LASTNAME  SUFFIX  STATE POSTAL CODE COUNTRY  STATE POSTAL CODE  COUNTRY  STATE POSTAL CODE  SUFFIX  SERINSTRUCTIONS  ADDIT INFO RE 16. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION Immited liab co  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insect only gits debtor name (2a or 2b) - do not abbreviate or combine names  2a ORGANIZATION SNAME  2a INDIVIDUAL'S LASTNAME  FIRST NAME  SUFFIX  STATE POSTAL CODE  COUNTRY  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SIP) - Insect only gits secured party name (3a or 3b)  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SIP) - Insect only gits secured party name (3a or 3b)  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SIP) - Insect only gits secured party name (3a or 3b)  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SIP) - Insect only gits secured party name (3a or 3b)  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SIP) - Insect only gits secured party name (3a or 3b)  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SIP) - Insect only gits secured party name (3a or 3b)  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SIP) - Insect only gits secured party name (3a or 3b)  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SIP) - Insect only gits secured party name (3a or 3b)  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SIP) - Insect only gits secured party name (3a or 3b)  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SIP) - Insect only gits secured party name (3a or 3b)  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SIP) - Insect only gits of the Unit o |   |   | SOVE AFROE IS FOR FEMALES  |          |  |  |
| Durham  1. MAILING ADDRESS  CITY  STATE POSTAL CODE COUNTRY  1. SEEINSTRUCTIONS  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only grig debtor name (2a or 2b) - do not abbreviate or combine names  2a. ORGANIZATION SNAME  2b. INDIVIDUAL'S LAST NAME  PIRST NAME  FIRST NAME  MIDDLE NAME  STATE POSTAL CODE COUNTRY  MA  602-619-540  NO  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only grig debtor name (2a or 2b) - do not abbreviate or combine names  2a. ORGANIZATION'S NAME  C. MAILING ADDRESS  CITY  STATE POSTAL CODE COUNTRY  STATE POSTAL CODE COUNTRY  STATE POSTAL CODE COUNTRY  STATE POSTAL CODE COUNTRY  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SIP) - insert only grig secured party name (3a or 3b)  Sa. ORGANIZATION'S NAME  Ziegler Healthcare Fund II, LLC  3b. INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  MIDDLE NAME  STATE POSTAL CODE COUNTRY  This FINANCING STATEMENT covers the following collatoral:  All fixtures (as that term is defined in Article 9 of the Uniform Commercial Code) located on or attached to the real  |   |   |  |          |  |  |
| 17400 SW Upper Boones Ferry Road   Durham   OR   97224   USA   | R 1b. INDIVIDUAL'SLASTNAME  | FIRST NAME                                      | MIDDLE NAMÉ  | SUFFIX   |  |  |
| ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only grig debtor name (2a or 2b) - do not abbreviate or combine names   | 17400 SW Upper Boones Ferry Road  | Durham  | OR 97224   |          |  |  |
| 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  2b. INDIVIDUAL'S LAST NAME  ADDIL INFO RE   2c. TYPE OF ORGANIZATION   2f. JURISDICTION OF ORGANIZATION   2g. ORGANIZATIONAL ID #, if any ORGANIZATION   DEBTOR   DO NOT THE POSTAL CODE   DO NOT THE PO | ORGANIZATION '  | J.  | <b>\</b>   | Пыок     |  |  |
| 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  CITY  STATE POSTAL CODE  COUNTRY  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a of 3b)  3a. ORGANIZATION'S NAME  Ziegler Healthcare Fund II, LLC  3b. INDIVIDUAL'S LAST NAME  C. MAILING ADDRESS  CITY  FIRST NAME  MIDDLE NAME  SUFFIX  STATE POSTAL CODE  COUNTRY  NO  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a of 3b)  Sa. ORGANIZATION'S NAME  Ziegler Healthcare Fund II, LLC  3b. INDIVIDUAL'S LAST NAME  C. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  NJ 07702  USA  All fixtures (as that term is defined in Article 9 of the Uniform Commercial Code) located on or attached to the real   |   |   |  |          |  |  |
| C. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  d SEE INSTRUCTIONS  ADDIL INFO RE ORGANIZATION OF ORGANI |   |   |  |          |  |  |
| d. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P)-insert only one secured party name (3a or 3b)    SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P)-insert only one secured party name (3a or 3b)   Sa. ORGANIZATION'S NAME   Ziegler Healthcare Fund II, LLC   Sb. INDIVIDUAL'S LAST NAME   MIDDLE NAME   SUFFIX  | R 2b. INDIVIDUAL'S LAST NAME  | FIRST NAME                                      | MIDDLE NAME  | SUFFIX   |  |  |
| SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P)-insert only one secured party name (3a or 3b)  Sa. ORGANIZATION'S NAME  Ziegler Healthcare Fund II, LLC  3b. INDIVIDUAL'S LAST NAME  C. MAILING ADDRESS  C. MAILING ADDRESS  CITY  STATE POSTAL CODE COUNTRY  1040 Broad Street, Ex Ctr 2  Shrewsbury  NJ 07702  USA  All fixtures (as that term is defined in Article 9 of the Uniform Commercial Code) located on or attached to the real   | ). MAILING ADDRESS  | СПУ   | STATE POSTAL CODE  | COUNTRY  |  |  |
| Sa. ORGANIZATION'S NAME  Ziegler Healthcare Fund II, LLC  3b. INDIVIDUAL'S LAST NAME  C. MAILING ADDRESS  C. MAILING ADDRESS  1040 Broad Street, Ex Ctr 2  Shrewsbury  NJ 07702  USA  All fixtures (as that term is defined in Article 9 of the Uniform Commercial Code) located on or attached to the real  | ORGANIZATION  | 2f. JURISDICTION OF ORGANIZATIO                 | 2g ORGANIZATIONAL ID #, if any   | Пиол     |  |  |
| Ziegler Healthcare Fund II, LLC  3b. INDIVIDUAL'S LAST NAME  c. MAILING ADDRESS  1040 Broad Street, Ex Ctr 2  1. This FINANCING STATEMENT covers the following collatoral:  All fixtures (as that term is defined in Article 9 of the Uniform Commercial Code) located on or attached to the real  |   | - insert only <u>one</u> secured party name (3a | or3b)  |          |  |  |
| 3b. INDIVIDUAL'S LAST NAME  C. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  Shrewsbury  NJ 07702  USA  All fixtures (as that term is defined in Article 9 of the Uniform Commercial Code) located on or attached to the real  |   |   | Language Contraction of the Cont | _        |  |  |
| 1040 Broad Street, Ex Ctr 2 Shrewsbury  NJ 07702  USA  This FINANCING STATEMENT covers the following collatoral:  All fixtures (as that term is defined in Article 9 of the Uniform Commercial Code) located on or attached to the real  | 35. INDIVIDUAL'S LAST NAME  | FIRST NAME                                      | MIDDLE NAME  | SUFFIX   |  |  |
| All fixtures (as that term is defined in Article 9 of the Uniform Commercial Code) located on or attached to the real  | c. MAILING ADDRESS  | CITY  | STATE POSTAL CODE  | COUNTRY  |  |  |
| . This FINANCING STATEMENT covers the following collatoral:<br>All fixtures (as that term is defined in Article 9 of the Uniform Commercial Code) located on or attached to the real   | 1040 Broad Street, Ex Ctr 2   | Shrewsbury                                      | NJ 07702   | USA      |  |  |
|  | الم ملك كور المنافسة المستقدة المستعدد |   |  | real     |  |  |

| <b>UCC FINANCING STA</b>   | TEMENT ADDENDUM                          |   |                           |                                       |   |
|--|--|---|---------------------------|---------------------------------------|---|
| FOLLOW INSTRUCTIONS (front a   |  |   |                           |                                       |   |
| 9. NAME OF FIRST DEBTOR (1.  | a or 1b) ON RELATED FINANCING STAT       | EMENT   |                           |                                       |   |
| HP Burlington Partne   | nes IIC                                  |   |                           |                                       |   |
| OR 9b. INDIVIDUAL'S LAST NAME  | FIRST NAME                               | MIDDLE NAME, SUFFIX   | Ti:                       |                                       |   |
|  |  |   |                           |                                       |   |
| 10. MISCELLANEOUS:   |  |   | THE ABOVE SPA             | ACE IS FOR FILING O                   | FFICE USE ONLY                                  |
|  | ACT FULL LEGAL NAME - insert only one na | ame (11a or 11b) - do not abbrev                                  | iate or combine names     |                                       |   |
| 11a. ORGANIZATION'S NAME   | Samuel Company                           |   |                           |                                       |   |
| OR 11b. INDIVIDUAL'S LAST NAME   |  | FIRST NAME  | MIC                       | DLE NAME                              | SUFFIX  |
|  |  | /   |                           |                                       |   |
| 11c. MAILING ADDRESS   |  | CITY  | STA                       | TE POSTAL CODE                        | COUNTRY   |
| The second secon | INFO RE 11e. TYPE OF ORGANIZATION        | 11f, JURISDICTION OF ORGAI  | NIZATION 11a              | . ORGANIZATIONAL ID #                 | ifany   |
|  | NIZATION '                               | дая, зыкавые помог окели<br>С<br>Га                               | Trig                      | OKSANAZATIONACISA                     | NONE  |
| 12. ADDITIONAL SECURED   |  | NAME - insert only one name                                       | (12a or 12b)              |                                       |   |
| 12a. ORGANIZATION'S NAME   |  |   |                           |                                       |   |
| OR THE PROPERTY OF THE PARTY OF |  | TOOT VILL   | IMIE                      | DLE NAME                              | SUFFIX  |
| 12b, INDIVIDUAL'S LAST NAME  |  | FIRST NAME  | , secondary, living       | DLE NAME                              | SUFFIX  |
| 12c. MAILING ADDRESS   |  | CITY  | st.                       | ATE POSTAL CODE                       | COÚNTRY   |
|  |  |   |                           |                                       |   |
| This FINANCING STATEMENT covcollateral, or is filed as a fixture of the state.  The state of the state o      | e filing.                                | 16. Additional collateral descri                                  | ption                     |                                       |   |
| The real estate is describ   | eg on exhibit A hereto.                  |   |                           | rija.                                 |   |
|  |  |   |                           |                                       |   |
|  |  |   |                           |                                       |   |
|  |  |   |                           |                                       |   |
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|  |  |   | \$                        | V//~55                                |   |
|  |  |   |                           | And the second second                 | A <sub>i</sub>                                  |
|  |  |   |                           |                                       |   |
|  |  |   |                           |                                       | √ № .   |
| 15. Name and address of a RECORD of<br>(if Debtor does not have a record in  |  |   |                           |                                       |   |
| JAJAH HAK BAN ADAK BAN PARI HAKA KI  | LI TURY BRANT VAN RYAGA INI MEN          | _   |                           | <u> </u>                              | <u> 4 14 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 </u> |
| LANN TON TON TON TON TON TON TON TON TON T   | Y HIV LINK LINK LINK LIK (I H            | 17, Check <u>only</u> if applicable ar                            |                           |                                       | 4/7 3   |
| 2006082  | 40143                                    | Debtor is a Trust or 1  |                           | t to property held in trust           | or Decedent's Estate                            |
| Skagit County  |  | 18. Check <u>only</u> if applicable ar<br>Debtor is a TRANSMITTIN |                           |                                       |   |
| 8/24/2006 Page   | 2 of 3 2:12PM                            | Filed in connection with a  |                           | saction — effective 30 yea            | rs.   |
|  | - I I I I I I I I I I I I I I I I I I I  | Filed in connection with a  | Dublic Einango Transpetio |                                       |   |

Escrow No.: 120802-SE

## **EXHIBIT "A"**

## LEGAL DESCRIPTION

## PARCEL "B":

The West 240.00 feet of Lots 4 and 5, Block 136, "FIRST ADDITION TO BURLINGTON, SKAGIT CO., WASH.," as per plat recorded in Volume 3 of Plats, page 11, records of Skagit County, Washington. (Also shown as Parcel B of Survey recorded December 4, 1992 in Volume 13 of Surveys, page 147, under Auditor's File No. 9212040024, records of Skagit County, Washington).

TOGETHER WITH the East 20 feet of the West 260 feet of the North 60 feet of Lot 5, Block 136, "FIRST ADDITION TO BURLINGTON, SKAGIT CO., WASH.," as per plat recorded in Volume 3 of Plats, page 11, records of Skagit County, Washington; being a Northwesterly portion of Parcel "A" of Survey recorded December 4, 1992 in Volume 13 of Surveys, page 147, under Auditor's File No. 9212040024. A non-exclusive easement for ingress, egress and utilities is reserved over, across and under any future "as built" driveway or utilities over said 20 feet by 60 feet parcel. Said easement to benefit said Parcel "A".

ALSO TOGETHER WITH a non-exclusive mutually beneficial easement for ingress, egress and utilities over, under and across the South 30.00 feet of the West 240.00 feet of said Lot 4, Block 136, "FIRST ADDITION TO BURLINGTON, SKAGIT CO., WASH.," said easement to be relinquished in favor of a 30.00 foot wide easement being 15.00 feet on either side of the as-built centerline of the proposed new curvilinear driveway from Skagit Street to the West line of Parcel "A" of said Survey.

AND ALSO TOGETHER WITH an easement as disclosed in Declaration of Easement recorded August 14, 2006 under Auditor's File No. 200608140224, records of Skagit County, Washington.

Situate in the City of Burlington, County of Skagit, State of Washington

200608240143 Skagit County Auditor

8/24/2006 Page

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