

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

**A. NAME & PHONE OF CONTACT AT FILER [optional]**

Diligenz, Inc. 1-800-858-5294

**B. SEND ACKNOWLEDGMENT TO: (Name and Address)**

22146589

Prepared by:

Diligenz, Inc.  
6500 Harbour Heights Pkwy, Suite 400  
Mukilteo, WA 98275

Filed In: Washington Skagit



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Skagit County Auditor

10/5/2006 Page

1 of 1 1:45PM

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**

SKAGIT VALLEY MEDICAL CENTER, INC. P.S.

**OR 1b. INDIVIDUAL'S LAST NAME****FIRST NAME****MIDDLE NAME****SUFFIX****1c. MAILING ADDRESS**

1400 EAST KINCAID

**CITY**

MOUNT VERNON

**STATE**

WA

**POSTAL CODE**

98274

**COUNTRY**

USA

**1d. TAX ID #: SSN OR EIN****ADD'L INFO RE  
ORGANIZATION  
DEBTOR****1e. TYPE OF ORGANIZATION**

Inc.

**1f. JURISDICTION OF ORGANIZATION**

WA

**1g. ORGANIZATIONAL ID #, if any**☒ 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****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**☐ 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**

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 Fixtures attached to 1414 E Broadway, Mount Vernon, WA 98273 - Parcel #P26783 in Skagit County TAX 39: THAT PORTION OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 20, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M., DESCRIBED AS FOLLOWS: BEGINNING AT A POINT 360 FEET SOUTH AND 150 FEET EAST OF THE NORTHWEST CORNER OF SAID SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER; THENCE EAST 75 FEET; THENCE SOUTH 135 FEET; THENCE WEST 75 FEET; THENCE NORTH 135 FEET TO THE POINT OF BEGINNING; 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)

**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) [ADDITIONAL FEE] [optional]** ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2**8. OPTIONAL FILER REFERENCE DATA**

SKAGIT VALLEY MEDICAL CENTER, INC. P.S.

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