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Skagit County Auditor

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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) Jim Schroeder (707) 781-9403	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) Loan Servicing CWCapital LLC 63 Kendrick Street Needham, MA 02494	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (1a or 1b) - do not abbreviate or combine names				
1a. ORGANIZATION'S NAME WAATU, INC.				
OR 1b. INDIVIDUAL'S LAST NAME				
1c. MAILING ADDRESS 911 21st Street		CITY Anacortes	STATE WA	POSTAL CODE 98221
1d. <u>SEE INSTRUCTIONS</u>		ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION corporation	1f. JURISDICTION OF ORGANIZATION Washington
			1g. ORGANIZATIONAL ID #, if any 602 402 352	<input type="checkbox"/> NONE

FIRST AMERICAN TITLE CO.**89756-5**

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> 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. <u>SEE INSTRUCTIONS</u>		ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION
				2g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only <u>one</u> secured party name (3a or 3b)				
3a. ORGANIZATION'S NAME CWCapital LLC				
OR 3b. INDIVIDUAL'S LAST NAME				
3c. MAILING ADDRESS 63 Kendrick Street		CITY Needham	STATE MA	POSTAL CODE 02494
				COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

See Exhibit A attached hereto for a description of the real estate to which certain of the collateral relates.

Abbr. Legal: Portion of SESE S-24, T35N, R1E Tax Parcels P31781, P11715 and P11716

Certain of the goods described in Exhibit B are, or are to become, fixtures on the real estate described in Exhibit A, and this financing statement is to be filed in the real estate records.

5. ALTERNATIVE DESIGNATION (if applicable):		LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. <input checked="" type="checkbox"/> 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							

Real Estate Records of Skagit County, Washington

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

OR **WAATU, INC.**

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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 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:

See Exhibit A hereto for a description of the real estate to which certain of the collateral relates

Fidalgo Care Center and Rosario Assisted Living
FHA Project #127-22045

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

16. Additional collateral description:

See Exhibit B hereto for a description of the collateral.

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 Manufactured-Home Transaction — effective 30 years

☐ Filed in connection

FILING OFFICE COPY — UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad)



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NAME OF FIRST DEBTOR (1A OR 1B) ON RELATED FINANCING STATEMENT

ORGANIZATION'S NAME WAATU, INC.			
INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

NAME OF FIRST SECURED PARTY (3A OR 3B) ON RELATED FINANCING STATEMENT

ORGANIZATION'S NAME CWCAPITAL LLC		
INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

EXHIBIT A TO UCC FINANCING STATEMENT

LEGAL DESCRIPTION:

Lots 1, 2 and 3, City of Anacortes Short Plat No. 91-005, approved October 24, 1991, Recorded November 4, 1991, in Book 10 of Short Plats, pages 24 and 25, under Auditor's File No. 9111040088, and being a portion of the Southeast ¼ of the Southeast ¼ of Section 24, Township 35 North, Range 1 East, W.M., all in Skagit County, Washington.



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NAME OF FIRST DEBTOR (1A OR 1B) ON RELATED FINANCING STATEMENT

ORGANIZATION'S NAME

WAATU, INC.

INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

NAME OF FIRST SECURED PARTY (3A OR 3B) ON RELATED FINANCING STATEMENT

ORGANIZATION'S NAME

CWCAPITAL LLC

INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

EXHIBIT B TO UCC FINANCING STATEMENT

The following collateral associated with Debtor's nursing home and/or boarding home operations located 1105 27th Street, Anacortes, Washington 98221 (the "Project"):

1. The licenses from the State of Washington to operate the Project as a boarding home living facility and a nursing home facility (the "Licenses");
2. All Medicaid and Medicare provider agreements associated with the Project ("Provider Agreements");
3. All certificates of need with respect to the Project ("Certificates of Need");
4. The Accounts Receivable relating to the Project (as defined below):

The Licenses, the Provider Agreements, Certificates of Need and Accounts Receivable are collectively called the "Movable Collateral." As used herein, the term "Accounts Receivable" shall mean any accounts receivable of Debtor arising from the Project or payments due to or to be made to Debtor relating to Project under or relating to (i) any Provider Agreements, (ii) agreements with or on behalf of patients or residents of the Project, (iii) other similar contracts relating to the Project (or any proceeds thereof), (iv) other rights to receive payment of any kind of Debtor with respect to the Project (all of the items listed in this sentence shall be called the "Accounts Receivable").



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