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DCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Corporation Service Company 1-800-858-5294 B. SEND ACKNOWLEDGMENT TO: (Name and Address)				20100510085 20100510085 Skagit County Auditor 5/10/2010 Page 1 of 311:28AV				
801 Adlai Springfield	on Service Cor Stevenson Dri 1, IL 62703	ve Filed In: Washing			CE IS FO	R FILING OFFICE U	SE ONLY	_
DEBTOR'S EXACT		insert only one debtor name (1a or 1b)	do not abbreviate or combine	names				
KENNETH J I	(ILLPACK DDS	S PLLC	FIRST NAME		MIDDLE	NAME	SUFF	-IX
		The second of the second						
c. MAILING ADDRESS			any ANACORTES		STATE	POSTAL CODE 98221	COUR	
d. SEEINSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION Professional LLC	1f. JURISDICTION OF ORGANIZATION		1g. ORGANIZATIONAL ID #, if any		,	□ _{NON}
c. MAILING ADDRESS d. SEEINSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION		FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION		STATE POSTAL CODE 2g. ORGANIZATIONAL ID #, if any		SUFFIX		
	DEBTOR			A STATE OF THE STA				NON
3a. ORGANIZATION'S Whidbey Islan	NAME	TOTAL ASSIGNEE of ASSIGNOR S/P	i-insertonly <u>one</u> secured part	name (3a or 3b)				
R 3b. INDIVIDUAL'S LAST NAME		FIRST NAME	1	MIDDLE	NAME	SUFF	ix	
sc. mailing address PO Box 1589			Oak Harbor		STATE WA	POSTAL CODE 98277	US	
Street, Anacortes, V later; all accessions	ccurity Interest in o VA 98221; parcel a , additions, replace to any of the fore	ine (1) Cerec 3 unit #10231 #P31890 TPN #350124-4-11 ements, and substitutions re going (including insurance,	2-0005 in Skagit Cou lating to any of the for	nty; whether any c egoing; all records	of the for of any k	egoing is owned no	w or acqui	ired

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 T, Check to REQUEST SEARCH REPORT If applicable Addendum If applicable I [ADDITIONAL FEE]	RT(S) on Debtor(s) [optional] All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA		A Committee of the Comm
KENNETH J KILLPACK DDS PLLC		49999289

<i>SM</i> 2011-11			•			
JCC FINANCING STATEME OLLOW INSTRUCTIONS (front and back)						
NAME OF FIRST DEBTOR (1a or 1b) C		EMENT				
9a. ORGANIZATION'S NAME						
KENNETH J KILLPACK DOS F						
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SU	-F1X			
D. MISCELLANEOUS:						
<u>,</u>			THE ABOV	E SPACE	IS FOR FILING OFF	ICE USE ONLY
1. ADDITIONAL DEBTOR'S EXACT FUL	L LEGAL NAME - insert only one na	me (11a or 11b) - do not at	breviate or combine nar	nes	_	
11a. ORGANIZATION'S NAME	and the second s	*				
R 11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
Ic. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
d. <u>SEE INSTRUCTIONS</u> ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF OF	RGANIZATION	11g. OR	GANIZATIONAL ID#, if	any NONE
2. ADDITIONAL SECURED PARTY	S or ASSIGNOR S/P'S	NAME - insert only one n	arne (12a or 12b)			
12a, ORGANIZATION'S NAME		and the second of the second o				
R 12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
3. This FINANCING STATEMENT covers tine collateral, or is filed as a fixture filling. 4. Description of real estate:	nber to be cut or as-extracted	16. Additional collateral d	escription:		<u></u>	L
SEE ATTACHED EXHIBIT A					ja Ja	
			2 0 1 0 Skagit	051	00085	<u> </u>
		5/1	ا		Auditor 2 of 311	:28AM
 Name and address of a RECORD OWNER of (if Debtor does not have a record interest): SOUND HEALTH LLC 	above-described real estate		<u>-</u>	·	\\	
218 29th St. Ste. A		17. Check only if applicab	le and check only one h	ox.	- W	<u> </u>
Anacortes, WA 98221-2701		Debtor is a Trust or	_		া roperty held in trust or	Decedent's Estate
		18. Check <u>only</u> if applicab	le and check <u>only</u> one b	ox.		
		Debtor is a TRANSMIT	TTING UTILITY			and the second second
			th a Manufactured-Hom		-	
		Filed in connection with	th a Public-Finance Tran	nsaction — e	ffective 30 years	

EXHIBIT A

THAT PORTION OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 24, TOWNSHIP 35 NORTH, RANGE 1 EAST OF THE WILLAMETTE MERIDIAN, DESCRIBED AS FOLLOWS:

COMMENCING AT A POINT ON THE SOUTH LINE OF SAID SECTION, 640.2 FEET WEST OF THE SOUTHEAST CORNER OF SAID SECTION;

THENCE NORTH TO THE NORTH LINE OF 29TH STREET, PRODUCED, TO THE TRUE POINT OF BEGINNING; THENCE NORTH 110 FEET;

THENCE WEST PARALLEL TO THE NORTH LINE OF 29TH STREET, A DISTANCE OF 150 FEET;

THENCE SOUTH A DISTANCE OF 100 FEET TO THE NORTH LINE OF 29TH STREET, PRODUCED;

THENCE EAST ALONG THE NORTH LINE OF 29TH STREET PRODUCED, A DISTANCE OF 150 FEET TO THE TRUE POINT OF BEGINNING;

EXCEPT THAT PORTION OF SAID PREMISES, IF ANY, LYING WITHIN THE BOUNDARIES OF "M" AVENUE.

SITUATED IN SKAGIT COUNTY, WASHINGTON.

201005100085 Skagit County Auditor

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