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UCC FINANCING STATEMENT AMENDMENT

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)	
60241142~305020	
Corporation Service Company	
801 Adlai Stevenson Drive	
Springfield, IL 62703-4261	
Filed In: Washington	Skagit

2011	08160009

Skagit County Auditor

8/16/2011 Page

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Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703-4261 Filed In: Washington Skagit a. INITIAL FINANCING STATEMENT FILE # 200612260036 12/26/2006 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item ABOUNDENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/oraddress: Please refer to the detailed instructions Integrates to changing the name/address of a party. CURRENT RECORD INFORMATION: Ga. ORGANIZATION'S NAME SKAGIT VALLEY MEDICAL CENTER, INC. P. 18 Bb. INDIVIDUAL'S LAST NAME FIRST NAME C. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME SKAGIT VALLEY MEDICAL CENTER, INC. P. 18 7b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME C. MAILING ADDRESS 4629 SAMISH POINT RD CITY BOW	security interest(s) of the Secured neterest(s) of the Secured Party a record. Check only one of the record name as or 8b. All MIDES	authorizing this Continuation Statem or in item 9. ese two boxes. DD name: Complete item 7a or 7b, and lso complete items 7e-7g (f applicable) DLE NAME	(ENDMENT is) in the Statement. ment is
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AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe EE ADDENDUM	collateral assigned.		
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NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assigned adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here			Debtor which
99. ORGANIZATION'S NAME Whidbey Island Bank			45
9b. INDIVIDUAL'S LAST NAME FIRST NAME	JMIDI	DLE NAME	SUFFIX
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OPTIONAL FILER REFERENCE DATA SKAGIT VALLEY MEDICAL CENTER, INC		1	

	C FINANCING STATEMENT AMENDMEN LOW INSTRUCTIONS (front and back) CAREFULLY	IT ADDENDUM
	INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendm 200612260036 12/26/2006	ent form)
12.	NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 12s. ORGANIZATION'S NAME Whidbey Island Bank	9 on Amendment form)
OK	125. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX

13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

14. DESCRIPTION OF REAL ESTATE

THAT PORTION OF THE WEST HALF OF THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 27, TOWNSHIP 35 NORTH, RANGE 4 EAST, W.M., DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTHEAST CORNER OF PARCEL F AS SHOWN ON SURVEY FOR UNITED GENERAL HOSPITAL DIST. #304, RECORDED UNDER AUDITORS FILE NUMBER 200504290067; THENCE S 614233 W ALONG THE SOUTH LINE OF PARCEL F AND PARCEL B OF SAID SURVEY, A DISTANCE OF 347.16 FEET TO THE MOST SOUTHERLY CORNER OF PARCEL B; THENCE N 564937 W ALONG THE SOUTH LINE OF SAID PARCEL B, A DISTANCE OF 41.43 FEET; THENCE N 000000 E, A DISTANCE OF 323.41 FEET TO THE POINT OF BEGINNING OF THIS DESCRIPTION; THENCE N 900000 E, A DISTANCE OF 343.05 FEET TO THE EAST LINE OF SAID PARCEL F; THENCE N 005050 E ALONG THE EAST LINE OF SAID PARCEL F, A DISTANCE OF 153.80 FEET TO THE NORTHEAST CORNER OF SAID PARCEL F; THENCE S 882123 E ALONG THE SOUTH LINE OF PARCEL G OF SAID SURVEY, A DISTANCE OF 96.70 FEET TO THE SOUTHEAST CORNER OF SAID PARCEL G; THENCE N 005050 E ALONG THE EAST LINE OF SAID PARCEL G, A DISTANCE OF 50.00 FEET TO THE SOUTH LINE OF THE NORTH 50 FEET OF SAID PARCEL G; THENCE N 882123 W ALONG THE SOUTH LINE OF SAID NORTH 50 FEET, A DISTANCE OF 442.91 FEET; THENCE S 000000 W, A DISTANCE OF 213.71 FEET TO THE POINT OF BEGINNING OF THIS DESCRIPTION. SITUATE IN THE CITY OF SEDRO WOOLLEY, SKAGIT COUNTY, WASHINGTON.

15. NAME AND ADDRESS OF RECORD OWNER HOSPITAL DISTRICT #304 2000 HOSPITAL DRIVE SEDRO WOOLLEY, WA. 98284

> 201108160009 Skagit County Auditor

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