[redacted]

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Skagit County Auditor
9/24/2012 Page 1 of 2 8:36AM

UCC 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)

69828489 - 344670

Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703-4261

Filed In: Washington Skagit

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: BENSON MEDICAL GROUP, P.S.

OR

1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
10113 AVON ALLEN RD	BOW	WA	98232-9759	USA

1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any
		Corporation	WA	☒ 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. SEE INSTRUCTIONS	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: Skagit State Bank

OR

3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
301 E. Fairhaven Ave	Burlington	WA	98233	USA

4. This FINANCING STATEMENT covers the following collateral:

All Inventory, Accounts, Machinery, Equipment, General Intangibles, Furniture, Fixtures and Leasehold Improvements; 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 other accounts proceeds)

Parcel #4416-000-003-0007 (P81928) and 4416-000-004-0006 (P81929)

Units C & D, LaVenture Professional Center

See Schedule A-1 Attached

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

69828489

FILING OFFICE COPY — UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

Schedule "A-1" **143019-OE**

DESCRIPTION:

Apartment Units "C" and "D", "LA VENTURE PROFESSIONAL CENTER, A CONDOMINIUM," according to the Condominium Plan and Survey Map delineating said apartments, recorded in Volume 12 of Plats, pages 87 and 88.

TOGETHER WITH an undivided 50% interest in the common areas and facilities appertaining to said apartment, and including therein limited common areas, facilities and parking spaces so appertaining, according to the Condominium Declarations recorded November 9, 1979, under Skagit County Auditor's File No. 7911080031, and as amended by instrument recorded November 7, 1985 under Skagit County Auditor's File No. 8511070002.

EXCEPT that portion thereof, as conveyed to the City of Mount Vernon, by instrument recorded September 24, 1997, under Skagit County Auditor's File No. 9709240045.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.