Return Address Northwest Business Development Assoc. 3019 E. Appleway Blvd., Suite 200 Spokane Valley, WA 99212



Skagit County Auditor 8/31/2017 Page \$76.00 1 of 3 4:00PM

Land Title and Escrow

01-164214-0

MEMORANDUM OF LEASE

Reference #: Additional on page

Grantor: HANSEN RENTALS LLC, a Washington limited liability

company

Additional on page

Grantee: HANSEN CHIROPRACTIC P.S., a Washington professional

service corporation

Additional on page

Legal Description:

Lots 4, 5 & 6, Block 43, MAP OF THE CITY OF ANACORTES, SKAGIT COUNTY, WASHINGTON, as per plat recorded in Volume 2 of Plats, page 4, records of Skagit County, Washington.

Situate in the City of Anacortes, County of Skagit, State of Washington.

Assessor's Tax Parcel Account Number: 3772-043-006-0004

THIS INDENTURE made and entered into this 31st day of August, 2017, by and between HANSEN RENTALS LLC, a Washington limited liability company, hereinafter called the lessor (whether one or more) and HANSEN CHIROPRACTIC P.S., a Washington professional service corporation, hereinafter called the "Lessee" (whether one or more).

WITNESSETH

That for the term and upon the terms and conditions set forth in the Lease Agreement commencing July 13, 2017, from the lessor to Lessee the lessor has leased, demised and let, and does hereby lease, demise and let unto Lessee the following described real property, situated in the County of Skagit, State of Washington, more particularly described as follows:

FOR A COMPLETE LEGAL DESCRIPTION SEE LEGAL DESCRIPTION DESCRIBED ABOVE.

The lease shall be for a term of 246 months commencing July 13, 2017, and terminating January 13, 2038.

In witness thereof, the parties hereto have caused their respective names to be hereto subscribed as of the day and the year first above written.

HANSEN RENTALS DLC,

a Washington Nimited liability company

EDWARD L. HANSEN, Manager/Member

RHONDA L. HANSEN, Manager/Member

HANSEN CHIROPRACTIC P. S./,

a Washington professional service corporation

EDWARD L. HANSEN, President/Secretary

STATE OF WASHINGTON

) ss.

County of Whatcom

I certify that I know or have satisfactory evidence that EDWARD L. HANSEN and RHONDA L. HANSEN, signed this instrument, on oath stated that they were authorized to execute the instrument and acknowledged it each as a Manager/Member of HANSEN RENTALS LLC, to be the free and voluntary act of such limited liability company, for the uses and purposes mentioned in the instrument.

DATED: August <u>3/</u>, 2017

OTAN SCHOOL OF WASHINGTON

Notary Public in and for the State of Washington, residing at Spokane.

My appointment expires

9-21-17.

STATE OF WASHINGTON)) ss.
County of Whatcom)

I certify that I know or have satisfactory evidence that EDWARD L. HANSEN, signed this instrument, on oath stated that he was authorized to execute the instrument and acknowledged it as the President/Secretary of HANSEN CHIROPRACTIC P.S., to be the free and voluntary act of such corporation, for the uses and purposes mentioned in the instrument.

DATED: August 31_, 2017

OF WASHING

Notary Public in and for the State of Washington, residing at Spokane.

My appointment expires

9-21-17.