Return Address Morthwest Business Development Assoc. 9019 E. Appleway Blvd., Suite 200 Spokane Valley, WA 99212



Skagit County Auditor 8/31/2017 Page

\$76.00 of 3 4:00PM

Land Title and Escrow

01-164214-0

MEMORANDUM OF LEASE

Reference #: Additional on page Grantor: HANSEN CHIROPRACTIC P.S., a Washington professional

service corporation

Additional on page_

Grantee: DION L. MENSER-ANDREINI

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 P55125

THIS INDENTURE made and entered into this And day of August , 2017, by and between HANSEN CHIROPRACTIC P.S., a Washington professional service corporation, hereinafter called the lessor (whether one or more) and DION L. MENSER-ANDREINI, 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 April 1, 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;

1015 14th Street, Suite F, Anacortes, WA 98221

The lease shall be for a term of 24 months commencing April 1 2017, and terminating March 31, 2019.

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

This document may be executed in any number of counterparts, each of which shall be deemed an original, but all of which together shall continue one and the same instrument.

HANSEN CHIROPRACTIC P.S., a Washington professional service corporation

EDWARD L. HANSEN, President/Secretary

STATE OF WASHINGTON

SS.

County of Skagit

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.

22/2017 2017

OF WASHINGTON OF WASHING

Notary Public in and for the State of Washington, residing at Blingham INA

My appointment expires

L1872020.

DION L. MENSER-ANDREINI DION L. MENSER-ANDREINI STATE OF WASHINGTON ss. County of I certify that I know or have satisfactory evidence that DION L. MENSER-ANDREINI signed this instrument, and acknowledged it to be his/her free and voluntary act, for the uses and purposes mentioned in the instrument. Dated this What of 201 NOTARY PUBLIC for the and Washington, State residing My commission expires 3 of 3