A. NAME & PHONE OF CONTACT AT FILER (optional)		7			
B. E-MAIL CONTACT AT FILER (optional)		-			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		-			
TRUSTEE SERVICES, INC. P.O. BOX 2980					
SILVERDALE, WA 98383					
		THE ABOVE SPA	CE IS FO	R FILING OFFICE US	E ONLY
a. Initial financing statement file number 201804270048		1b. This FINANCING STATE (or recorded) in the REAL Filer, attach Amendment Ad-	MENT AMI . ESTATE dendum (Fo	ENDMENT is to be filed [RECORDS mn UCC3Ad) <u>and</u> provide De	for record] blor's name in iten
TERMINATION: Effectiveness of the Financing Statement ide Statement	ntifled above is terminated	with respect to the security Intere	st(s) of Se	cured Party authorizing t	his Termination
ASSIGNMENT (full or partial): Provide name of Assignee in it For partial assignment, complete items 7 and 9 and also indicate			of Assigno	r in item 9	
CONTINUATION: Effectiveness of the Financing Statement I continued for the additional period provided by applicable law	dentified above with respe	ct to the security interest(s) of Sec	ured Party	r authorizing this Continu	ation Statement
PARTY INFORMATION CHANGE:					
Check one of these two boxes: This Change affects Debtor or Secured Party of record	Check one of these three CHANGE name and/or item 6a or 6b; and item	address: CompleteADD nar	ne: Compli	ete ilem DELETE nam	e: Give record na in item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Inform					
TRIMARK BURLINGTON HOSPITAL	JITY LLC				
R 66. INDIVIDUAL'S SURNAME	FIRST PERSO	DNAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S	SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or	Party Information Change - provid	e only <u>one</u> name (7a or 7b) (use exact, full n	eme; do not o	mil, modify, or abbreviate any pa	rt of the Debtor's nam
7a. ORGANIŻATION'S NAME					
7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			-		SUFFIX
1, ', ',					
	CITY		STATE	POSTAL CODE	COUNTRY
, MAILING ADDRESS					ASSIGN collate
MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes:		✓ DELETE collateral	RESTATE	Covered collaieral	T VOOLOGE COURT
COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	: ADD collateral				
COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: BBREVIATED LEGAL DESCRIPTION: PARCEL	: ADD collateral				
COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: BBREVIATED LEGAL DESCRIPTION: PARCEL KAGIT	: ADD collateral				
COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: ABBREVIATED LEGAL DESCRIPTION: PARCEL SKAGIT COUNTY, WASHINGTON.	: ADD collateral B OF CITY OF BU				
Indicate collateral: ABBREVIATED LEGAL DESCRIPTION: PARCEL SKAGIT COUNTY, WASHINGTON. SEE THE ATTACHED LEGAL FOR COMPLETE D NAME OF SECURED PARTY OF RECORD AUTHORIZIN If this is an Amendment authorized by a DEBTOR, check here 1	B OF CITY OF BU	RLINGTON BOUNDARY	LINE A	ADJUSTMENT, 20	071001011
COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: BBREVIATED LEGAL DESCRIPTION: PARCEL KAGIT COUNTY, WASHINGTON. SEE THE ATTACHED LEGAL FOR COMPLETE D NAME OF SECURED PARTY OF RECORD AUTHORIZIN	B OF CITY OF BU DESCRIPTION. G THIS AMENDMENT: and provide name of authority	RLINGTON BOUNDARY Provide only <u>one</u> name (9a or 9b) (aing Debtor	/ LINE A	ADJUSTMENT, 20	071001011
COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: ABBREVIATED LEGAL DESCRIPTION: PARCEL SKAGIT COUNTY, WASHINGTON. SEE THE ATTACHED LEGAL FOR COMPLETE D NAME OF SECURED PARTY OF RECORD AUTHORIZIN If this is an Amendment authorized by a DEBTOR, check here are as a complex control of the contr	B OF CITY OF BU DESCRIPTION. G THIS AMENDMENT: and provide name of authority	RLINGTON BOUNDARY Provide only <u>one</u> name (9a or 9b) (ang Debtor TION OF PORT AN	LINE A	ADJUSTMENT, 20	071001011

	NITIAL FINANCING STATEMENT FILE NUMBER: Same 1804270048	as item 1a on Amendme	ent form		
	NAME OF PARTY AUTHORIZING THIS AMENDMENT: S	ame as item 9 on Amend	dment form		
	129, ORGANIZATION'S NAME FIRST FEDERAL SAVINGS AND L	OAN ASSOC	CIATION OF		
ъI	PORT ANGELES				
	12b. INDIVIDUAL'S SURNAME				
İ	FIRST PERSONAL NAME				
ŀ	ADDITIONAL NAME(SYINITIAL(S)		SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE	USE ONLY
 3. N	Name of DEBTOR on related financing statement (Name of	of a current Debtor of rec	ord required for indexing	purposes only in some filing offices - see Instruction item	
	one Debter name (13s or 13b) (use exact, full name; do not omit, 13s. ORGANIZATION'S NAME	modify, or abbreviate an	y part of the Debtor's nan	ne); see Instructions if name does not fit	
	TRIMARK BURLINGTON HOSPITA				
`[13b. INDIVIDUAL'S SURNAME	FIRST	PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
. •	ADDITIONAL SPACE FOR ITEM 8 (Collateral):				•
. 4	ADDITIONAL SPACE FOR ITEM 8 (Collateral):				
1. #	ADDITIONAL SPACE FOR ITEM 8 (Collateral):				
	ADDITIONAL SPACE FOR ITEM 8 (Collateral):				
. T.	ADDITIONAL SPACE FOR ITEM 8 (Collateral): This FINANCING STATEMENT AMENDMENT:		17. Description of	of real estate:	
, T ,	This FINANCING STATEMENT AMENDMENT: covers timber to be cut			of real estate:	

18. MISCELLANEOUS:

Legal Description:

Parcel B of City of Burlington Boundary Line Adjustment, approved October 1, 2007, and recorded October 10, 2007, according to the Record of Survey thereof recorded under Auditor's File No. 200710010110, records of Skagit County, Washington.

TOGETHER WITH the East 78,00 feet of Parcel A of said City of Burlington Boundary Line Adjustment, approved October 1, 2007, and recorded October 10, 2007, according to the Record of Survey thereof recorded under Auditor's File No. 200710010110, records of Skaglit County, Washington.

ALSO TOGETHER WITH a non-exclusive easement for ingress, egress and utilities over, across and under the East 78.00 feet of said Boundary Line Adjustment.

ALL OF THE ABOVE being portions of the Northwest 1/4 of Section 8; Township 34 North, Range 4 East, W.M..

Situated in the County of Skagit, State of Washington.