

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141

B. E-MAIL CONTACT AT FILER (optional)
uccfilingreturn@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address) 506785 - BRADLEY

Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	105054369 WAWA FIXTURE
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File with: Skagit, WA

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME CHR Sedro Woolley SPE LLC				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 2603 Main Street, Suite 1050		CITY Irvine	STATE CA	POSTAL CODE 92614
			COUNTRY USA	

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME CHR Sedro Woolley TRS LLC				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS 2603 Main Street, Suite 1050		CITY Irvine	STATE CA	POSTAL CODE 92614
			COUNTRY USA	

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME Greystone Servicing Company LLC				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 419 Belle Air Lane		CITY Warrenton	STATE VA	POSTAL CODE 20186
			COUNTRY USA	

4. COLLATERAL: This financing statement covers the following collateral:

APN: P76284 / 4152-115-010-0002, P76285 / 4152-115-015-0007, P76288 / 4152-115-030-0008 and P120658 / 828
Abbreviated Legal Description: Lots 1- 15, inclusive, and Lots 17-30, inclusive, Block 115, "PLAT OF THE TOWN OF SEDRO" as per plat recorded in Volume 1 of Plats, Page 18, records of Skagit County, Washington.

All property, now owned or hereafter acquired, that is now or may hereafter become fixtures upon the real property described in Exhibit A.

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

105054369 Birchview Memory Care

Y



UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME CHR Sedro Woolley SPE LLC	
OR	
9b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME					
OR					
10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX	
10c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT:
 covers timber to be cut covers as-extracted collateral is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

CHR Sedro Woolley SPE LLC
2603 Main Street, Suite 1050
Irvine, California 92614

16. Description of real estate:

Parcel ID:
P76284 / 4152-115-010-0002, P76285 /
4152-115-015-0007, P76288 / 4152-115-030-0008
and P120658 / 828

See Exhibit A attached hereto and made a part hereof.

17. MISCELLANEOUS: 105054369-WA-57 506785 - BRADLEY ARANT BOULT Greystone Servicing Company LLC File with: Skagit, WA Birchview Memory Care Y



**EXHIBIT A
TO
UCC FINANCING STATEMENT**

Description of the Real Estate

Lots 1- 15, inclusive, and Lots 17-30, inclusive, Block 115, "PLAT OF THE TOWN OF SEDRO"
as per plat recorded in Volume 1 of Plats, Page 18, records of Skagit County, Washington.

TOGETHER WITH those portions of vacated Woods Avenue, Graves Street also known as
Fairhaven Street and the alley located in said block pursuant to City of Sedro-Woolley Ordinance
No. 1253-96, dated February 12, 1996, which attached to the premise by operation of law.

Situated in Skagit County, Washington.