


Signature Page to Medical Office and Equipment Lease

IN WITNESS WHEREOF, the Parties have executed this Lease as of the date set forth below.

Tenant: UW Physicians Network



Debra Cassin
Executive Director

Date: 10/25/18

Landlord: San Juan County Public Hospital District No. 3, d/b/a Orcas Island Health Care District

By: Richard Fralick
Its: President

Date: _____

TENANT ACKNOWLEDGMENT

STATE OF WASHINGTON

COUNTY OF King

ss.

I certify that I know or have satisfactory evidence that Debra Gussin is the person who appeared before me, and said person acknowledged that said person signed this instrument, on oath stated that said person was authorized to execute the instrument and acknowledged it as the Executive Director of UW PHYSICIANS NETWORK, a Washington non-profit corporation, to be the free and voluntary act of such non-profit organization for the uses and purposes mentioned in the instrument.

Dated this 25 day of October, 2018.

Shay Richards
(Signature of Notary)

Shay Richards
(Legibly Print or Stamp Name of Notary)

Notary public in and for the State of WA,
residing at King County,
My appointment expires 11/7/20

SHAY RICHARDS
Notary Public
State of Washington
My Commission Expires
November 07, 2020