



**CONFIDENTIALITY AGREEMENT**  
**Franciscan Medical Clinic – Belfair**

ORION Commercial Partners, LLC (“Agent”) has been engaged as the exclusive agent for the sale of the **Franciscan Medical Clinic – Belfair**, Mason County, Washington (“Property”).

It is requested that this registration letter be signed and acknowledged by the prospective Purchaser as a prerequisite to receiving income and expense information on the abovementioned property. In acknowledging this letter, the undersigned agrees as follows:

By taking possession of and reviewing the information contained herein, the recipient agrees that (a) the enclosed materials and their contents are of a highly confidential nature and will be held and treated in the strictest confidence and shall be returned to Agent or Seller promptly upon request; (b) the recipient shall not contact employees or tenants of the Property directly or indirectly regarding any aspect of the enclosed materials or the Property without the prior written approval of Seller or Agent; (c) the recipient shall make no attempt to visit the Property and / or grounds without the prior written approval of Seller or Agent; and (d) no portion of the enclosed materials may be copied or otherwise reproduced without the prior written authorization of Seller or Agent or as otherwise provided in this Confidentiality and / or Registration Agreement executed and delivered by the recipient(s) to Agent.

Neither ORION Commercial Partners, LLC nor any of its respective officers, agents or principals has made or will make any representations or warranties, expressed or implied, as to the accuracy or completeness of this Evaluation material or any of its contents, and no legal commitment or obligation shall arise by reason of the Evaluation material or its contents. Analysis and verification of the information contained in the Evaluation material is solely the responsibility of the prospective buyer. If there is a Purchaser’s Broker involved in the transaction, Broker acknowledges that the commission to be paid to Purchaser’s Broker shall be 1.5% of the gross purchase price at close of escrow.

Purchaser:	_____	Broker:	_____
Signature:	_____	Agent Name(s):	_____
Its:	_____	Agent Address:	_____
Address:	_____		_____
	_____	Email:	_____
Phone:	_____	Phone:	_____

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**PLEASE EMAIL THE COMPLETED FORM TO SCOTT CLEMENTS at:**  
**sclements@orioncp.com**