

AL-Shelby

☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).

No. of Additional Sheets Presented:

This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.

1. Return copy or recorded original to:

LEXIS DOCUMENT SERVICES INC
PO BOX 2969
SPRINGFIELD, IL 62708

THIS SPACE FOR USE OF FILING OFFICER
Date, Time, Number & Filing Office

Pre-paid Acct #

2. Name and Address of Debtor

(Last Name First if a Person)

National Assisted Living Limited Partnership
700 Corporate Ridge Drive
BIRMINGHAM, AL 35242

Social Security/Tax ID #

2A. Name and Address of Debtor

(IF ANY)

(Last Name First if a Person)

Social Security/Tax ID #

☐ Additional debtors on attached UCC-E

3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)

Heller Healthcare Finance, Inc.
2 Wisconsin Circle
4th Floor
CHEVY CHASE, MD 20815

Social Security/Tax ID #

☐ Additional secured parties on attached UCC-E

FILED WITH:

AL-Shelby County

4. ASSIGNEE OF SECURED PARTY

(IF ANY)

(Last Name First if a Person)

5. The Financing Statement Covers the Following Types (or Items) of Property:

All right, title, and interest of the Debtor in and to each promissory note and each letter of credit securing such notes at any time pledged to the Secured Party pursuant to that certain Note Pledge Agreement, dated as of September 13, 2000, from the Debtor to the Secured Party including, but not limited to, the right to receive all payments of principal (and, following any default under said Pledge Agreement, principal and interest) under such notes and all proceeds derived from such letters of credit.

Additional d/b/a name of Debtor is Southerland Place

5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:

Check X if covered: ☐ Products of Collateral are also covered.

6. This statement is filed without the debtor's signature to perfect a security interest in collateral (check X, if so)

☐ already subject to a security interest in another jurisdiction when it was brought into this state.

☐ already subject to a security interest in another jurisdiction when debtor's location changed to this state.

☐ which is proceeds of the original collateral described above in which a security interest is perfected.

☐ acquired after a change of name, identity or corporate structure of debtor

☐ as to which the filing has lapsed.

7. Complete only when filing with the Judge of Probate:

The initial indebtedness secured by this financing statement is \$

Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$

8. ☐ This financing statement covers timber to be cut, crops, or fixtures and is to be cross indexed in the real estate mortgage records (Describe real estate and if debtor does not have an interest of record, give name of record owner in Box 5)

Signature(s) of Secured Party(ies)
(Required only if filed without debtor's Signature -- see Box 6)

Signature(s) of Secured Party(ies) or Assignee

Signature(s) of Secured Party(ies) or Assignee

Heller Healthcare Finance, Inc.

Type Name of Individual or Business

BY: 
Signature(s) of Debtor(s)

TITLE: PRESIDENT

Signature(s) of Debtor(s)

National Assisted Living Limited Partnership

Type Name of Individual or Business

(1) FILING OFFICER COPY - ALPHABETICAL
(2) FILING OFFICER COPY - NUMERICAL

(3) FILING OFFICER COPY - ACKNOWLEDGEMENT
(4) FILE COPY - SECURED

(5) FILE COPY DEBTOR(S)

STANDARD FORM -- UNIFORM COMMERCIAL CODE -- FORM UCC-1
Approved by The Secretary of State of Alabama