

1. Return copy or recorded original to

Jonathan A. Salzman, Legal Assistant  
Buchanan Ingersoll Professional Corporation  
58th Floor, 600 Grant Street  
Pittsburgh, PA 15219-2702

Pre-paid Acct. #

2. Name and Address of Debtor

(Last Name First if a Person)

Briarcliff Nursing Home, Inc.  
d/b/a IHS at Briarcliff  
850 Northwest Ninth Street  
Alabaster, AL 35003

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. SECURED PARTY (Last Name First if a Person)

CoreStates Bank, N.A.  
1500 Market Street, West Tower  
Philadelphia, PA 19107-7618

Social Security/Tax ID #

☐ Additional secured parties on attached UCC-E

THIS SPACE FOR USE OF FILING OFFICER

Date, Time, Number & Filing Office

STATE OF ALA. SHELBY CO.  
I CERTIFY THIS  
INSTRUMENT WAS FILED  
92 JAN 24 PM 2:14  
JUDGE OF PROBATE

030318

4. ASSIGNEE OF SECURED PARTY

(IF ANY)

(Last Name First if a Person)

5. ☐ This statement refers to original Financing Statement bearing File No. 030236

Filed with Shelby Co, Alabama

Date Filed January 7, 1992

6. ☐ Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.

7. ☐ Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.

8. ☐ Partial or Full Assignment. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4.

9. ☒ Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.

10. ☐ Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.

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11. The name of the Debtor is hereby amended to include an additional name under which the Debtor conducts business which is Briarcliff Nursing Home, Inc. d/b/a Integrated Health Services at Briarcliff.

11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:

0 0 0

Check X if covered: ☐ Products or collateral are also covered.

8.00

Signature(s) of Debtor(s)

Vice President

Signature(s) of Debtor(s) (necessary only if item 9 is applicable)

Briarcliff Nursing Home, Inc.

Type Name of Individual or Business

Signature(s) of Secured Party(ies)

Signature(s) of Secured Party(ies)

CoreStates Bank, N.A.

Type Name of Individual or Business