

1. ~~XXXXXX~~ (Last Name First) and address(es)
Sublessee:
 BRIARCLIFF NURSING CENTER
 850 N.W. 9th Street
 Alabaster, AL 35007

2. ~~XXXXXX~~ and address(es)
Sublessor:
 INTEGRATED HEALTH SERVICES, INC.
 11019 McCormick Road
 Hunt Valley, MD 21031

For Filing Officer (Date, Time, Number, and Filing Office)

JUDGE OF PROBATE

1991 APR 30 AM 10:41

STATE OF ALA. SHELBY CO.
 I CERTIFY THIS
 INSTRUMENT WAS FILED

0280874

4. This financing statement covers the following types (or items) of property:

See Attachment(s)

5. Assignee(s) ~~XXXXXX~~ and Address(es)
 MNC LEASING, A DIVISION
 OF MNC CREDIT CORP
 502 Washington Ave.
 Towson, MD 21204

$1.05 + 15.00 = 16.05$

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

☐ already subject to a security interest in another jurisdiction when it was brought into this state.
☐ which is proceeds of the original collateral described above in which a security interest was perfected:

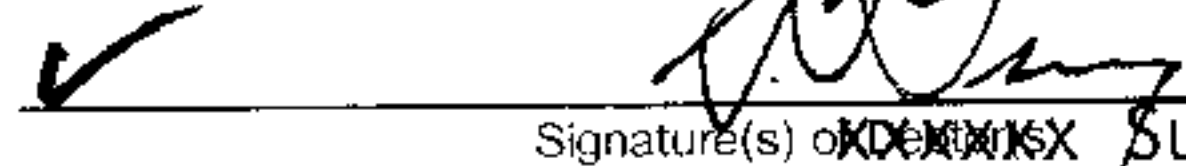
Filed with:

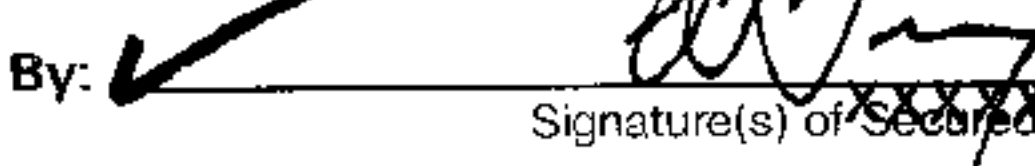
Shelby Co., AL

Check ☒ if covered: ☒ Proceeds of Collateral are also covered. ☐ Products of Collateral are also covered. No. of additional Sheets presented:

BRIARCLIFF NURSING CENTER

INTEGRATED HEALTH SERVICES, INC.

By:  ~~XXXXXX~~ Sublessee

By:  ~~XXXXXXXXXX~~ Sublessor

(1) Filing Officer Copy - Alphabetical

STANDARD FORM - FORM UCC-1.

ATTACHMENT TO UCC-1

SUBLESSEE: BRIARCLIFF NURSING CENTER

SUBLESSOR: INTEGRATED HEALTH SERVICES, INC.

ASSIGNEE: MNC LEASING, A DIVISION OF MNC CREDIT CORP

The equipment leased pursuant to that certain Sublease Agreement dated as of Dec 21, 1990, between Sublessor, as sublessor, and Sublessee, as sublessee, together with all accessions, substitutions and replacements thereof, and proceeds (including insurance proceeds) thereof (but without power of sale); more fully described on the attached schedule(s).

THIS FILING IS MADE FOR INFORMATIONAL PURPOSES ONLY AND IS INTENDED TO REPRESENT A TRUE LEASE

SCHEDULE OF EQUIPMENT

Lessee: INTEGRATED HEALTH SERVICES, INC.

Approved by _____
(Lessee to initial each page)

Page No. 13 of 17 total pages

Attached to Bill of Sale dated _____ 19____
and/or
Equipment Schedule No. 5

Equipment located at:
Briarcliff Nursing Center
Street No. _____
850 N.W. 9th Street
City _____ County _____ State _____ Zip _____
Alabaster, Shelby, AL 35007

Manufacturer and/or Vendor Name & Invoice No.	Description	Invoice Cost
National Home Medical Equipment 2101 University Blvd. Birmingham, AL 35233 Invoice No. 2310 P.O. No. 10438	1 - Vista Wheelchair, Model V8A200-700 Sales Tax Invoice Total	
Advanced Orthopedic Appliance Company 410 10th Avenue, South Birmingham, AL 35205 Invoice No. 25716/00-6976 P.O. No. 10314	1 - Wheelchair, Geriatric Sales Tax Invoice Total	
General Electric Company P.O. Box 102176 Atlanta, GA 30368-0176 Invoice No. 33-356591 P.O. No. 2360	10 - Air Conditioners, 11,000 BTU, Model AJJ111DF, 220 VAC, Slide Mount Freight Invoice Total	
	Location Total	649.00