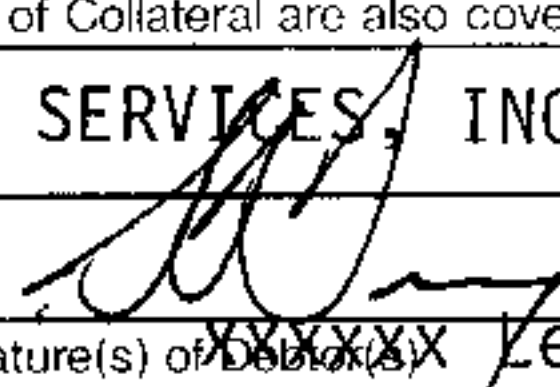
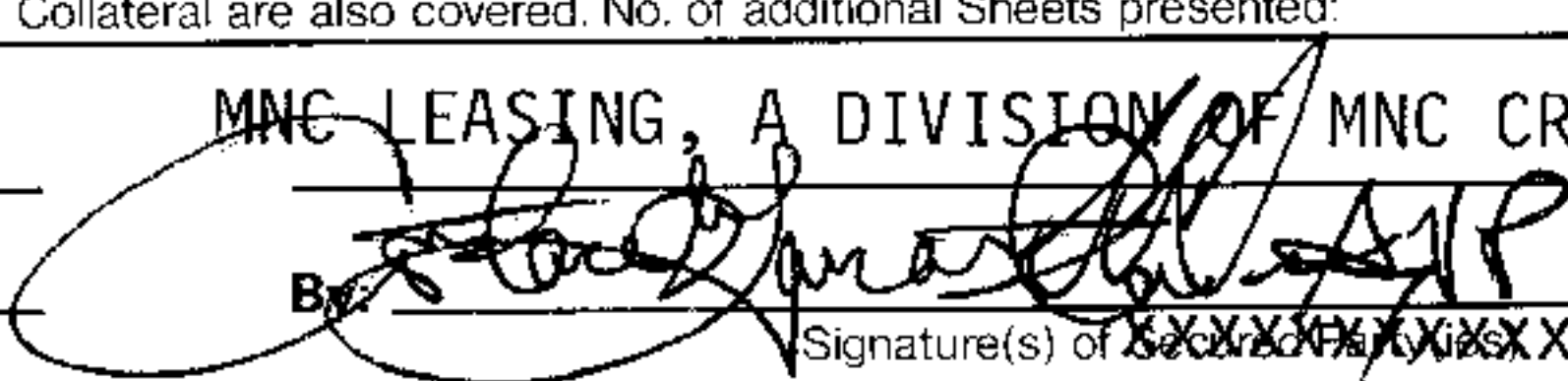


This FINANCING STATEMENT is presented to a filing officer for filing pursuant to the Uniform Commercial Code:		3. Maturity date (if any):
1. <del>XXXXXX</del> (Last Name First) and address(es) Lessee: INTEGRATED HEALTH SERVICES, INC. 11019 McCormick Road Hunt Valley, MD 21031	2. <del>XXXXXX</del> (ies) and address(es) Lessor: MNC LEASING, A DIVISION OF MNC CREDIT CORP 502 Washington Ave. Towson, MD 21204	For Filing Officer (Date, Time, Number, and Filing Office)  028083  STATE OF ALA 1991 APR 30 IN 8:38 JUDGE OF PROBATE Shelby Co., AL
4. This financing statement covers the following types (or items) of property:  See Attachment(s)		5. Assignee(s) of Secured Party and Address(es)

This statement is filed without the debtor's signature to perfect a security interest in collateral. (check <input checked="" type="checkbox"/> if so)		Filed with:
<input type="checkbox"/> already subject to a security interest in another jurisdiction when it was brought into this state. <input type="checkbox"/> which is proceeds of the original collateral described above in which a security interest was perfected:		Shelby Co., AL
Check <input checked="" type="checkbox"/> if covered. <input checked="" type="checkbox"/> Proceeds of Collateral are also covered. <input type="checkbox"/> Products of Collateral are also covered. No. of additional Sheets presented:		
INTEGRATED HEALTH SERVICES, INC.		MNC LEASING, A DIVISION OF MNC CREDIT CORP
By: 	By: 	
Signature(s) of <del>XXXXXX</del> Lessee	Signature(s) of <del>XXXXXX</del> Lessor	

(1) Filing Officer Copy - Alphabetical

STANDARD FORM - FORM UCC-1.

ATTACHMENT TO UCC-1

LESSEE: INTEGRATED HEALTH SERVICES, INC.

LESSOR: MNC LEASING, A DIVISION OF MNC CREDIT CORP

-----  
The equipment leased pursuant to that certain Equipment Lease Agreement dated as of, Dec. 21, 1990, between Lessor, as lessor, and Lessee, as lessee, 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 Alabaster, County Shelby,

State AL Zip 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 VBA200-700  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	

JUDGE OF PROBATE

1991 APR 30 AM 8:38

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