

1. Return copy or recorded original to

Diane McDonough  
Meditrust  
128 Technology Center  
Waltham, MA 02154

Pre-paid Acct. # \_\_\_\_\_

2. Name and Address of Debtor (Last Name First if a Person)

Briarcliff Nursing Home, Inc.  
11019 McCormick Road, Suite 400  
Hunt Valley, MD 21031

Social Security/Tax ID # \_\_\_\_\_

2A. Name and Address of Debtor	(IF ANY)	(Last Name First if a Person)
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Social Security/Tax ID # \_\_\_\_\_

☐ Additional debtors on attached UCC-E

3. SECURED PARTY (Last Name First if a Person)

Meditrust of Alabama, Inc.  
128 Technology Center  
Waltham, MA 02154

Social Security/Tax ID # \_\_\_\_\_

☐ Additional secured parties on attached UCC-E

5. ☐ This statement refers to original Financing Statement bearing File No. 017889  
 Filed with Shelby County Recorder

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

4. ASSIGNEE OF SECURED PARTY	(IF ANY)	(Last Name First if a Person)
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Date Filed 8/20/87 19

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.

11A. 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

Signature(s) of Debtor(s)

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

Type Name of Individual or Business

MEDITRUST OF ALABAMA, INC.

Signature(s) of Secured Party(ies)

By: [Signature]  
 Signature of Executed Party(ies)  
James S. [Signature] Vice President  
 Meditrust of Alabama, Inc.  
 Type Name of Individual or Business

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

(3) FILING OFFICER COPY    ACKNOWLEDGEMENT  
(4) FILE COPY -- SECOND PARTY(S)

(5) FILE COPY DEBTOR(S)

STANDARD FORM — UNIFORM COMMERCIAL CODE · FORM UCC-3  
Approved by The Secretary of State of Alabama