

STATE OF ALABAMA — UNIFORM COMMERCIAL CODE — FINANCING STATEMENT FORM UCC-1 ALA.

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
Register, Inc.
114 PIERCE ST.
P.O. BOX 218
ANNONA, TN 35303
(615) 421-1713

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

No. of Additional
Sheets Presented: **2**

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

1. Return copy or recorded original to:

Pittsburgh National Bank
Loan Documentation Center
2nd Floor Annex
Fifth Avenue and Wood Street
Pittsburgh, PA 15265

Pre-paid Acct. # _____

2. Name and Address of Debtor

(Last Name First if a Person)

INTEGRATED HEALTH SERVICES, INC.
11011 McCormick Road
Hunt Valley, MD 21031

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)

PNC LEASING CORP
Pittsburgh, PA 15265

Social Security / Tax ID # _____

☐ Additional secured parties on attached UCC-E

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

See EXHIBIT D attached hereto and made a part hereof.

Schedule No. 25-0155-43000-001
Shelby County, AL

/trk

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

Inst # 1993-00849

01/11/1993-00849
11:09 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
003 MCO 15.00

FILED WITH:

Shelby County, AL

4. ASSIGNEE OF SECURED PARTY

(IF ANY)

(Last Name First if a Person)

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

3 0 2

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)

Integrated Health Services, Inc.

Signature(s) of Debtor(s)

Signature(s) of Debtor(s)

Type Name of Individual or Business

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

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

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

EXHIBIT D

Page 1 of 2

This EXHIBIT D is attached to and made a part of that certain UCC-1 Financing Statement between Integrated Health Services, Inc., as Debtor, and PNC Leasing Corp, as Secured Party.

SCHEDULE NO.: 25-0155-43000-001

EQUIPMENT LOCATION: IHS at Briarcliff
850 N/W 9th Street
Alabaster, AL 35007
(Shelby County)

SUPPLIER: NOA Medical Industries
205 North Two Street
Marthasville, Missouri 63357

EQUIPMENT DESCRIPTION:

<u>Serial Number(s)</u>	<u>Quantity</u>	<u>Description</u>
N/A	10 (ten)	A-1-MT 80" Mattress

SUPPLIER: Bray & Scarff, Inc.
11950 Baltimore Avenue
Beltsville, MD 20705-1235

EQUIPMENT DESCRIPTION:

<u>Serial Number(s)</u>	<u>Quantity</u>	<u>Description</u>
D010000021	1 (one)	Rev 305 Reynolds Ice Maker

(continued)

EXHIBIT D

Page 2 of 2

SUPPLIER:

Jani-Serv
4160 Boulder Ridge Drive
Atlanta, GA 30336

EQUIPMENT DESCRIPTION:

<u>Serial Number(s)</u>	<u>Quantity</u>	<u>Description</u>
N/A	1 (one)	ES011X 17" Scrubber Assembly
N/A	1 (one)	ES911X 17" Scrubber 1700B
N/A	1 (one)	EX001A Battery 95AH
N/A	1 (one)	EX100A Chgr for 95AH Battery
N/A	1 (one)	EX200A Pad Drvr for 1700 Series

1993-00849

01/11/1993-00849
11:09 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE

003 MCD 15.00

SUPPLIER:

O & M Health Systems Incorporated
P. O. Box 55824
Birmingham, AL 35255-5824

EQUIPMENT DESCRIPTION:

<u>Serial Number(s)</u>	<u>Quantity</u>	<u>Description</u>
N/A	1 (one)	Nurses Station Number 1
N/A	1 (one)	Nurses Station Number 2
N/A	1 (one)	Nurses Station Number 3

The Equipment described herein includes all present and future additions, accessions, substitutions and replacements thereto.

Integrated Health Services, Inc.

By: [Signature]Title: SR. V.P.