

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.  
514 PIERCE ST.  
P.O. BOX 218  
ANDOKA, MN. 55303  
(612) 421-1713

<input type="checkbox"/> The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).		No. of Additional Sheets Presented:	This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.
1. Return copy or recorded original to:  PNCBANK, NATIONAL ASSOCIATION LOAN DOCUMENTATION CENTER 3RD FLOOR ANNEX 5TH AVENUE & WOOD STREET PITTSBURGH, PA 15222  Pre-paid Acct. # _____		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
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 # _____		Inst # 1993-09307  04/06/1993-09307 03:39 PM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 002 NDS 14.00	
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)  Social Security/Tax ID # _____			
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)  PNC Leasing Corp Pittsburgh, PA 15265  Social Security/Tax ID # _____			
<input type="checkbox"/> Additional secured parties on attached UCC-E		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)	
5. The Financing Statement Covers the Following Types (or items) of Property:  See "EXHIBIT A" attached hereto and made a part hereof. Sch. #25-0155-43000-001  Shelby County, AL /lmg		5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: 3 0 0	
Check X if covered: <input type="checkbox"/> Products of Collateral are also covered		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) \$ _____	
6. This statement is filed without the debtor's signature to perfect a security interest in collateral (check X, if so) <input type="checkbox"/> already subject to a security interest in another jurisdiction when it was brought into this state. <input type="checkbox"/> already subject to a security interest in another jurisdiction when debtor's location changed to this state. <input type="checkbox"/> which is proceeds of the original collateral described above in which a security interest is perfected <input type="checkbox"/> acquired after a change of name, identity or corporate structure of debtor <input type="checkbox"/> as to which the filing has lapsed.		8. <input type="checkbox"/> 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)	
Signature(s) of Debtor(s)  INTEGRATED HEALTH SERVICES, INC. Type Name of Individual or Business		Signature(s) of Secured Party(ies) or Assignee  PNC LEASING CORP 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 A

### **Collateral Portion of Financing Statement**

"The Collateral consists of goods, inventory, machinery, equipment, furniture, fixtures, now or hereafter located at the Debtor's health care facility located at Integrated Health Services at Briarcliff, 850 N/W 9th Street, Shelby County, Alabaster, AL 35007, and which Collateral is leased by the Secured Party to the Debtor under one or more Finance Leases now or hereafter in effect, which property may include but not be limited to: fixtures, attachments, appliances, tools, equipment (including computers, printers, computer software and electronic media, tapes, disks, fire sprinklers and fire alarms, air conditioning, heating, refrigeration, electronic monitoring, entertainment, recreational, window or structural cleaning rigs, maintenance, removal of dust, refuse or garbage and all other equipment of every kind), lobby and other indoor and outdoor furniture (including tables, chairs, beds, planters, desks, shelves, lockers, cabinets and wall safes), furnishings, appliances (including dishwashers, garbage disposal units, refrigerators, ice makers, fans, warmers, heaters, stoves, water heaters and incinerators) rugs, carpets and other floor coverings, draperies and drapery rods and brackets, awnings, window shades, venetian blinds, curtains, lamps, chandeliers and other lighting fixtures and other office and health facility maintenance and other supplies, together with all substitutions for, additions to and products, proceeds (cash and noncash), replacements, renewals, reversions and remainders of the estate, property and interest described above and any insurance policies relating thereto.

**INTEGRATED HEALTH SERVICES, INC.**

✓ By William J. Hup  
Title: Senior Vice President

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SHELBY COUNTY JUDGE OF PROBATE  
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