STATE OF ALABAMA — UNIFORM COMMERCIAL CODE
STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UC

Important: Read Instructions on Back Before Filling out Form.

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

No. of Additional Sheets Presented: 0

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

1. Return copy or recorded original to

Charlotte H. Fox
Assistant Vice President
Camp & Company
P. O. Box 530667
Birmingham, AL 35253

Pre-paid Acct. #_____

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

Inst # 1994-00048
01/04/1994-00048
10:55 AM CERTIFIED
SHELBY COUNTY JUDGE ■ PROBATE
001 MCD 15.00

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

Inverness Family Medical Center Partners,Ltd.
c/o Colonial Properties, Inc.
Colonial Center
1009 Montgomery Highway
Birmingham, AL 35216

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

FILED WITH:

3. NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)

State Mutual Life Assurance Company of America
440 Lincoln Street
Worcester, MA 01605

Social Security/Tax ID #_____

☐ Additional secured parties on attached UCC-E

4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)

5. ☐ This statement refers to original Financing Statement bearing File No. 08970 (cont'd. @ file #022433 on 3/17/89)
Filed with Judge of Probate, Shelby County Date Filed 4/20 19 84

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.

11.

NOTE: The time for payment of the original indebtedness has not been extended, and the original term of the indebtedness was in excess of five years.

11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
500

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

STATE MUTUAL LIFE ASSURANCE COMPANY OF AMERICA
Signature(s) of Secured Party(ies)
BY: [signature]
Signature(s) of Secured Party(ies)
Assistant Treasurer
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-3
Approved by The Secretary of State of Alabama