

**Important: Read Instructions on Back Before Filling out Form.**

**REORDER FROM**  
**Registé, Inc.**  
514 PIERCE ST.  
P.O. BOX 218  
ANOKA, MN. 55303  
(612) 421-1713

Shelby AL

<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				THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Pre-paid Acct. #				Inst # 1997-01688 01/16/1997-01688 10:33 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 001 NC3	
2. Name and Address of Debtor		(Last Name First if a Person)			
Integrated Health Services, Inc. 11011 McCormick Road Bunt 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 #				FILED WITH:	
<input type="checkbox"/> Additional debtors on attached UCC-E					
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)				4. ASSIGNEE OF SECURED PARTY (IF ANY) (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					
5. <input checked="" type="checkbox"/> This statement refers to original Financing Statement bearing File No. 1993-00849					
Filed with Shelby County Judge of Probate				Date Filed January 11 19 93	
6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.					
7. <input checked="" type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.					
8. <input type="checkbox"/> Partial or <input type="checkbox"/> 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. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.					
10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.					
11. Schedule No. 25-0155-43000-001 Shelby County, AL /sat					
11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: 3 0 2					
Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.					
Signature(s) of Debtor(s)				Signature(s) of Secured Party(ies)	
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)				Signature(s) of Secured Party(ies)	
Type Name of Individual or Business				PNC LEASING CORP, Karen A. Kirsch, VP Type Name of Individual or Business	
(1) FILING OFFICER COPY - ALPHABETICAL		(3) FILING OFFICER COPY-ACKNOWLEDGEMENT		STANDARD FORM - UNIFORM COMMERCIAL CODE - FORM UCC-	
(2) FILING OFFICER COPY - NUMERICAL		(4) FILE COPY - SECURED		Approved by The Secretary of State of Alabama	
		(5) FILE COPY DEBTOR(S)			