STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

Important: Read Instructions on Back Before Filling out Form.

| ☐ The Debtor is a transmitting utility | No. of Additional | This FINANCING STATEMENT is pro | esented to a Filing Office | cer for |
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| as defined in ALA CODE 7-9-105(n). | Sheets Presented: | filing pursuant to the Uniform Comm THIS SPACE FOR USE OF FILING OFFICER | | |
| . Return copy or recorded original to | | Date, Time, Number & Filing Office | | |
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| Pre-paid Acct. # Name and Address of Debtor | (Last Name First if a Person) | 1 | 72 | ÖF # |
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| Integrated Health Service | es, Inc. | | 2 | あじ書 |
| 11011 McCormick Road | | | 90 | 0 - 2 5 |
| Hunt Valley, MD 21031 | | | → | てを養す |
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| Social Security/Tax ID # | | | 7 | 7 5 3 |
| A. Name and Address of Debtor (IF ANY) | (Last Name First if a Person) | - 4 | Č | 09 |
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| Coolel Coough, (Tay ID # | | FILED WITH: | | · |
| Social Security/Tax ID # | | | | |
| Additional debtors on attached UCC-E | | <u> </u> | | |
| 3. NAME AND ADDRESS OF SECURED PARTY) (Las | st Name First if a Person) | 4. ASSIGNEE OF SECURED PARTY | (IF ANY) | (Last Name First if a Person) |
| PNC Leasing Corp | | | | |
| Pittsburgh, PA 15265 | | | | |
| Ficesburgh, IA .5205 | | | | |
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| Social Security/Tax ID # | | | | |
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