

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

23280 Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
Register, Inc.
514 PIERCE ST.
P.O. BOX 218
ANN ARBOR, MI 48103
(313) 421-1713

☐ 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

Mary F. Brenning, Esq.
Purcell & Scott, Co., LPA
6035 Memorial Dr.
Dublin, OH 43017

Pre-paid Acct #

2. Name and Address of Debtor

(Last Name First if a Person)

IHS Home Care Services of Alabama, Inc.
234 Aquarius Drive, Suite 103
Birmingham, AL 35209-5867

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)

The Chase Manhattan Bank
450 W. 33rd Street
New York, NY 10001

Social Security/Tax ID #

☐ Additional secured parties on attached UCC-E

☒ This statement refers to original Financing Statement bearing File No.

Inst. #1999-05206

Filed with Shelby County, AL

Date Filed 2/5 19 99

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.

The name of the Debtor shall be amended and restated to be:

Soleus Healthcare Services of North Central Alabama, Inc.

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

001
200
700

Check X if covered ☐ Products of Collateral are also covered.

IHS Home Care Services of Alabama, Inc.

Signature(s) of Debtor(s)

Signature(s) of Debtor(s) (necessary only if item 9 is applicable)

Dean E. Haberkamp, Authorized Signer

Type Name of Individual or Business

The Chase Manhattan Bank

Signature(s) of Secured Party(ies)

Signature(s) of Secured Party(ies)

Jeanne Chin, Authorized Signer

Type Name of Individual or Business