

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.

REORDER FROM  
Register, Inc.  
514 PIERCE ST.  
P.O. BOX 218  
ANOKA, 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: 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 VGM LEASING, INC. ATTN: B. SCHMADEKE PO BOX 1620 WATERLOO, IA 50704			THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Pre-paid Acct. # _____			Inst # 2000-42152 12/07/2000-42152 08:56 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 001 CJ1	
2. Name and Address of Debtor (Last Name First if a Person) QUALITY PLUS MEDICAL SERVICES, INC. 2211 PELHAM PARKWAY PELHAM, AL 35124-1314				
Social Security/Tax ID # _____				
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)			FILED WITH:	
Social Security/Tax ID # _____				
<input type="checkbox"/> Additional debtors on attached UCC-E				
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person) VGM LEASING, INC. P.O. BOX 1620 WATERLOO, IA 50704			4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)	
Social Security/Tax ID # _____				
<input type="checkbox"/> Additional secured parties on attached UCC-E				
5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. B 98-03131 FS Filed with ALABAMA SECRETARY OF STATE			Date Filed 01/22/98 19	
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 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. LEASE #1417012

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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

Signature(s) of Debtor(s)  
Frankie L. Wade

Signature(s) of Debtor(s) (necessary only if item 9 is applicable)  
Quality Plus Medical Services, Inc.  
Type Name of Individual or Business

Signature(s) of Secured Party(ies)

Signature(s) of Secured Party(ies)  
VGM LEASING, INC.

Type Name of Individual or Business