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Shelby Cnty Judge of Probate, AL  
02/04/2009 12:37:58PM FILED/CERT

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)  
205-254-1000

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

Stephen Stallcup, Esq.  
Maynard, Cooper & Gale, P.C.  
1901 Sixth Avenue North  
2400 Regions/Harbert Plaza  
Birmingham, Alabama 35203

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #

20081231000481570 filed 12/31/2008

1b.

This FINANCING STATEMENT AMENDMENT is  
to be filed (for record) (or recorded) in the  
REAL ESTATE RECORDS

2. ☐ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ☐ ASSIGNMENT: (FULL OR PARTIAL): Give name of assignee in item 7a or 7b and address of assignee in item 7c; also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects ☒ Debtor or ☐ Secured Party of record. Check only one of these two boxes.  
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

☒ CHANGE name and/or address: Please refer to the detailed  
instructions in regards to changing the name/address of a party.

☐ DELETE name: Give record name to be  
deleted in item 6a or 6b.

☐ ADD name: Complete item 7a or 7b, and also item 7c;  
also complete items 7e-7g (if applicable).

6. CURRENT RECORD INFORMATION:

OR	6a. ORGANIZATION'S NAME Ridgeview Assisted Living, LLC			
	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

OR	7a. ORGANIZATION'S NAME Ridgeview Assisted Living, LLC			
	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7c. MAILING ADDRESS 593 Atlanta Street	CITY Roswell	STATE GA	POSTAL CODE 30075	COUNTRY USA
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7d. See Instructions	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION limited liability company	7f. JURISDICTION OF ORGANIZATION Georgia	7g. ORGANIZATIONAL ID # (if any)
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8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.

9. NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here ☐ and enter name of DEBTOR authorizing this Amendment.

OR	9a. ORGANIZATION'S NAME HCP, Inc.			
	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA

HCP/Ridgeview (C/M 12039/3); To be filed in the Office of the Judge of Probate of Shelby County, Alabama

FILING OFFICE COPY - UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)