

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818) 662-4141	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) 24405 - BANK OF OKLAHOMA - T	
CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	43205942 ALAL FIXTURE
File with: Shelby, AL	



20140509000140880 1/6 \$39.00
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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 20090925000365990 9/25/2009 CC AL Shelby		1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the <input checked="" type="checkbox"/> REAL ESTATE RECORDS.	
2. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.			
5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes. Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in items 6 and/or 7. <input type="checkbox"/> CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b and also item 7c; also complete items 7e-7g (if applicable).			
6. CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME Ridgeview Assisted Living, LLC			
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
7c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
7d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE
8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned. See attached Exhibit 1.			

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 <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.			
9a. ORGANIZATION'S NAME Bank of Oklahoma, N.A.			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
10. OPTIONAL FILER REFERENCE DATA 43205942 Debtor Name: Ridgeview Assisted Living, LLC 09140			

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

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11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)
20090925000365990 9/25/2009 CC AL Shelby

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

OR	12a. ORGANIZATION'S NAME Bank of Oklahoma, N.A.		
	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SUFFIX

13. Use this space for additional information



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Debtor Name and Address:

— Ridgeview Assisted Living, LLC - , , GA

Secured Party Name and Address:

Bank of Oklahoma, N.A. - P.O. Box 22117 , Tulsa, OK 74121-2117

Real Estate Description follows:

Recorded Owner:

Owner Address : ,

Description: Please see attached


EXHIBIT 1

UCC-1 ATTACHMENT - Ridgeview Assisted Living, LLC

All of Debtor's right, title and interest in and to (a) the Lease Agreement, dated as of September 1, 2009 (the "Agreement"), between The Medical Clinic Board of the City of Hoover (the "Issuer") and the Debtor, and all amounts on deposit from time to time in all trust funds created in the Trust Indenture, dated as of September 1, 2009 (the "Indenture"), between the Secured Party and the Issuer and investments thereof; (b) all revenues, income, or rights of any kind or nature due Secured Party from Debtor under said Agreement by virtue of the assigning language in said Trust Indenture; (c) all the fixtures now owned or hereafter acquired by the Debtor, as part of the "Project" as defined in the said Indenture, and (d) all property described in a certain Mortgage and Security Agreement from Issuer to the Secured Party, joined in by the Debtor, dated as of September 1, 2009 (the "Security Agreement"), and filed of record with the Shelby County Register of Deeds, contemporaneously herewith, including, but not limited to:

All furnishings, furniture, fixtures, machinery, appliances, vehicles and personal property situated on the real estate described in Exhibit "A" attached hereto and incorporated herein, or in any way connected with the use and enjoyment of the Project as defined in the Indenture, as well as all existing and future accounts, gross revenues, contract rights, rights under the Sublease described in the Agreement and accounts receivable of the Debtor and all proceeds of the above, but only to the extent that any such item is directly related to or directly arises from the Project and/or the operations thereon.

Said Project is located or to be located upon the real estate located at 700 Corporate Ridge, Hoover (Shelby County), Alabama 35242, as more fully described in Exhibit "A" attached hereto and incorporated herein.


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EXHIBIT A

Lot 2D-3A, according to the Southerland Place Resurvey, as recorded in map Book 25, page 143, in the Probate Office of Shelby County, Alabama.



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9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME		
Ridgeview Assisted Living, LLC		
OR		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
11d. TAX ID #: SSN OR EIN	ADDL INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - Insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME				
OR				
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ oil-gas-extracted collateral, or is filed as a ☐ future thing.

14. Description of real estate:

See attached Exhibit A.

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY

☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years

☐ Filed in connection with a Public-Finance Transaction — effective 30 years

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)

FORM SHOULD BE TYPEWRITTEN OR COMPUTER GENERATED

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