RELEASED UCC REC 3-592

This FINANCING STATEMENT is presented to THE FILING OFFICER for filing for record in the real estate records:

1 Debtor(s) (Last Name First) and address(es)	2 Secured Party(ies) and address(es)	3 For Filing Officer (Date, Time, Number, and Filing Office)
EARLHAM MANOR CARE CENTER, INC. Center & Poplar Streets Earlham, Iowa	AMERICAN FEDERAL SAVINGS AND LOAN ASSOCIATION OF CENTRAL IOWA 6th and Grand Des Moines, Iowa 50307	FILED NO. 1049 BOOK 2 PAGE 5 UCC 1979 DEC 18 PM 4:04 MARY E. WELTY RECORDER MADISON COUNTY, IOWA

4 This Financing Statement covers the following types (or items) of property:

The intent of this financing statement is to cover all fixtures, furnishings and equipment whether attached or detached necessary to the operation of a 29-bed nursing home, including but not limited to all refrigerators, all stoves, all dishwashers and all carpeting in the unit.

5 Name and Address of Assignee

Fee 3 00

6 Check appropriate box(s) [X] The above goods are or are to become fixtures on ☐ The above timber is standing on ☐ The above minerals or the like (including oil and gas) or mineral accounts will be financed at the wellhead of the well or mine located on (Describe real estate below See instruction #4):

Lots Three (3) and Four (4) in Block Eight (8) of CHRISTOPHER WILSON'S ADDITION to the Town of Earlham, Madison County, Iowa.

For Releasing of Lis Pendens see Rec 3-356

UCC 5-542

The name of a record owner is EARLHAM MANOR CARE CENTER, INC.

7 ☐ Products of collateral are also covered

8 EARLHAM MANOR CARE CENTER, INC. By: Miriam V. Hyde President
~~Signature of Debtor~~
BY: Donald E. Hyde Sec
Donald E. Hyde, Secretary — Miriam V. Hyde, President
Type or Print all names (Iowa Code 335.2) — Type or Print all names (Iowa Code 335.2)
Signature of Debtor

Secured party or other appropriate signature may be substituted for debtor(s) signature only in cases covered by UCC 9-402(2), 9-408 and 11105(3), (5), (7) and must be identified as such when used.)

9 Acknowledgement (Complete whichever one is applicable).

STATE OF IOWA, ... COUNTY, ss:

On this ..... day of ....., A. D. 19....., before me, the undersigned, a Notary Public in and for the State of Iowa, personally appeared .....

to me known to be the identical persons named in and who executed the within and foregoing instrument, and acknowledged that they executed the same as their voluntary act and deed.

..... Notary Public in and for the State of Iowa

STATE OF IOWA, Polk COUNTY, ss:

On this 4th day of August, A. D. 19 77, before me, the undersigned, a Notary Public in and for the State of Iowa, personally appeared Miriam V. Hyde and Donald E. Hyde ~~XXX~~ he is ~~XXX~~, to me personally known, who, being by me duly sworn, did say that ~~they~~ are the President and Secretary ~~XXX~~ and ~~XXX~~ respectively, of said corporation executing the within and foregoing instrument, that (no seal has been procured by the said) (the seal affixed thereto is the seal of said) corporation; that said instrument was signed (and sealed) on behalf of said corporation by authority of its Board of Directors; and that the said Miriam V. Hyde ~~XXX~~ and Donald E. Hyde as such officers acknowledged the execution of said instrument to be the voluntary act and deed of said corporation, by it and by them voluntarily executed.

Michael C Kulch
..... Notary Public in and for the State of Iowa

Form Approved (1-1-75) By: MELVIN D. SYNHORST, Secretary of State
1. FILING OFFICER COPY—ALPHABETICAL