For refiling of lapsed UCC
Ref. UCC Ref. 13-360

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)
WINTERSET CARE CENTER NORTH, INC. 411 East Lane Street Winterset, Iowa	AMERICAN FEDERAL SAVINGS AND LOAN ASSOCIATION OF CENTRAL IOWA 6th and Grand Des Moines, Iowa	FILED NO. 1138 BOOK 2 PAGE 29 UCC 1979 DEC 31 PM 3:59 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 98-bed nursing home, including but not limited to all refrigerators, all stoves, all dishwashers, and all carpeting in the home.

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):

The following described real estate, to-wit: Commencing at the Southwest corner of the Northwest Fractional Quarter (¼) of the Northwest Fractional Quarter (¼) of Section 31 in Township 76 North, Range 27 West of the 5th P.M., Madison County, Iowa, thence South 88°37' East 935.1 feet along the South line of said Northwest Fractional Quarter (¼) of the Northwest Fractional Quarter (¼) to the point of beginning, thence continuing South 88° 37' East 347.2 feet, thence North 356.0 feet, thence North 88° 37' West 347.2 feet, thence South 356.0 feet to the point of beginning containing 2.8367 acres and is situated in the Northwest Fractional Quarter (¼) of the Northwest Fractional Quarter (¼) of Section 31 in Township 76 North, Range 27 West of the 5th P.M., City of Winterset, Madison County, Iowa,

The name of a record owner is WINTERSET CARE CENTER NORTH, INC.

7 [ ] Products of collateral are also covered

8 WINTERSET CARE CENTER NORTH, INC.
~~Signature of Debtor~~
BY Donald E. Hyde Jr., Donald E. Hyde, Secretary
Type or Print all names (Iowa Code 335.2)

By: Miriam V. Hyde President
Signature of Debtor
Miriam V. Hyde, President
Type or Print all names (Iowa Code 335.2)

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. 1977, before me, the undersigned, a Notary Public in and for the State of Iowa, personally appeared Miriam V. Hyde and Donald E. Hyde -and-

....., to me personally known, who, being by me duly sworn, did say that they are the President and Secretary -and-

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 and Donald E. Hyde -and-

..... 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 A Kuhl
..... 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