1 Debtor(s) (Last Name First) and address(es)	2. Secured Party(ies) and address(es)	For Filing Officer (Date, Time, Number, and Filing Office)
EARLHAM MANOR CARE CENTER, INC.	American Federal Savings and	1 . 1274 o
Center & Poplar Streets	Loan Association of Central	FILED NO.
Earlham, Iowa	Iowa	BOOK 3 PAGE 356 2
·	n/k/a American Federal Sav	
	and Loan Association of Iow	a 1988 JAN 21 AN 10:57
	601 Grand Avenue	MARY E. WELTY
	Des Moines, Iowa 50309	RECORDER
A This Simulation of the Additional Association (as the Additional Association of the Additional	14	5. Name and address of Assignee
4. This Financing Statement covers the following types (or	items) or property:	•
		Fee \$15.00
The intent of this financing st	atement is to cover all ilx-	a
tures, furnishings and equipmen	t whether attached or detached	ng
necessary to the operation of a	-tors all stores all dish-	iig — — — — — — — — — — — — — — — — — —
but not limited to all refriger		
waahers and all carpeting in th	e unit.	
6. Check appropriate box(s). The above goods are or a	re to becomes fixtures on The above timber is stand	ding on . The above minerals or the like (including oil
	velihead or minehead located on 🔲 (Describe real estate	
Lots Three (3) and Four (4) in		R WILSON"S ADDITION
to the Town of Earlham, Madison	County, Iowa.	
		Acres I as 31 Charles Town
This is a refiling of lapsed UC	C No. 1049 filed December 18,	1979 in Madison County, lowa
in Book 2 Page 5.		
	•	
		·
EARLH	IAM MANOR CARE CENTER, INC.	
The name of a record owner is		······································
7. Products of collateral are covered.	\wedge	$\alpha Q \alpha$
	American Federal/Savings	y and Loan /xssociation of Iowa
	111	
8. Signature of Debtor	Sighardre ok (Sex)	Secured Party
•	Linda J. Ri	
Type or Print all names (lowa Code 335.2)	Type or Print all names	s (Iowa Code 335.2)
Secured party or other appropriate signature may be sub- substituted.	stituted for debtor(s) signature only in cases covered by U	ICC 9-402(2), 9-408 and 11105, and must be identified when
Form Approved (7.1.91) Die MADY JAME ODELL Consider	ury of State	
Form Approved (7-1-81) By: MARY JANE ODELL, Secreta	ily or state	
1 FILING OFFICER COPY ALPHABETICAL		
· · · · · · · · · · · · · · · · · ·		

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

btor(s) (Last Name First) and address(es)	2 Secured Party(les) and address(es)	3 For Filing Officer (Date, Time, Number,
ADI HAW MANNO CARE CENTER .	. AMERICAN FEDERAL SAVINGS AND	and Filing Office)
	LOAN ASSOCIATION OF CENTRAL	FILED: NO
enter å Poplar Streets arlham, Iowa	IOWA	BOOK PAGE
erinam, toma	6th and Grand	7/6
	Des Moines, Iowa 50307	1979 DEC 18 PM 4: 04 421064-
		MARY E. WELTY RECORDER MADISON COUNTY INWA
This Financing Statement covers the following to	ypes (or items) of property:	5 Name and Address of Assignee
Intent of this financing si	tatement is to cover all fix-	MHEROFILMEDOS
res, furnishings and equipmen	nt whether attached or detached	
	a 29-bed nursing home, including	1. 多数文字 化二氯磺基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲
	rators, all stoves, all dish-	
hers and all carpeting in the	he unit.	her is standing on C. The shows minerals or the
like (including oil and gas) or mineral acc	are or are to become fixtures on [4]. The above timb ounts will be financed at the wellhead of the well of	or mine located on (Describe real estate below
See instruction #4):		
Lots Three (3) and Form	r (4) in Block Eight (8) of CHRI	ISTOPHER WILSON'S ADDITION
to the Town of Earlham,		
TO DIE I WHILE ALL BELLIEUM	, caming ; cames	•
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	Control of the state of the sta	
	the state of the s	
FADI HAN	MANOR CARE CENTER TINC	and the second s
he name of a record owner isEARLHAN	MANOR CARE CENTER: INC.	
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he name of a record owner isEARLHAN Products of collateral are also covered	MANOR CARE CENTER : INC.	S. Application in the second s
he name of a record owner isEARLHAN	MANOR CARE CENTER : INC.	y V Hyde Brix and
Products of collateral are also covered EARLHAM MANOR CARE CENTER.	INC. By: //// O Signature of Debtor	y V Hyde Bree Lend
EARLHAM MANOR CARE CENTER,	INC. By: /// O Signature of Debtor pdd E. Hyde, Secretary Mirian Tyde or Print all no	My V Hyde President In Hyde, President Inner (lowa Code 335.2)
EARLHAM MANOR CARE CENTER, pasters of Debter pe by Print all names (Iowa Cod) 335.2) pecured party or other appropriate signature ma	INC. By: /// Compared to the substituted for debtor(s) signature only in case y be substituted for debtor(s) signature only in case	My V Hyde President In Hyde, President Inner (lowa Code 335.2)
EARLHAM MANOR CARE CENTER, paster of Debter BY LLL L pe or Print all names (Iowa Code 335.2) ecured party or other appropriate signature ma (), (7) and must be identified as such when us	INC. By: MANOR CARE CENTER. INC. Signature of Debtor Miriam Type or Print all many be substituted for debtor(s) signature only in case od.)	My V Hyde President In Hyde, President Inner (lowa Code 335.2)
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EARLHAM MANOR CARE CENTER, Seathway of Deliver BY Let all names (Iowa Cod 335.2) ecured party or other appropriate signature may complete whichever one is a common common to be the identified as such when us common to be the identified persons named in me as their voluntary act and deed. TATE OF IOWA, On this day of me known to be the identical persons named in me as their voluntary act and deed. TATE OF IOWA, On this day of me known to be the identical persons named in me as their voluntary act and deed. President spectively, of said corporation executing the ereto is the seal of said) corporation; that said irectors; and that the said Miriam	INC. By: MANOR CARE CENTER: INC. Signature of Debtor Signature of Debtor Type or Print all manor of Debtor special E. Hyde, Secretary Miritian Type or Print all manor of Debtor special Signature only in case of Debtor special E. Hyde, Secretary Miritian Type or Print all manor of Debtor special E. Hyde, Secretary Miritian Type or Print all manor of Debtor special E. Hyde, Secretary Miritian A. D. 19 COUNTY, so: COUNTY, so: A. D. 19 A. D. 19 Type or Print all manor of Debtor manor of Debtor Signature of Debtor Type or Print all manor of D	Hyde, President Image (lowa Code 335.2) Is covered by UCC 9-402(2), 9-408 and 11105(3), Idensigned, a Notary Public in and for the State Image (lowa Code 335.2) Idensigned, a Notary Public in and for the State Image (lowa Code 335.2) Idensigned, a Notary Public in and for the State Idensigned, a Notary Public in and for the State Ing by me duly sworn, did say that the state Is been procured by the said) (the seal affixed said comporation by authority of its Board of

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