

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

Terminated 7-9-92  
See UCC Rec 3-592

1 Debtor(s) (Last Name First) and address(es) EARLHAM MANOR CARE CENTER, INC. Center & Poplar Streets Earlham, Iowa	2. Secured Party(ies) and address(es) American Federal Savings and Loan Association of Central Iowa n/k/a American Federal Savings and Loan Association of Iowa 601 Grand Avenue Des Moines, Iowa 50309	3. For Filing Officer (Date, Time, Number, and Filing Office) FILED NO. <b>1274</b> BOOK <u>3</u> PAGE <u>356</u> UCC Rec. <b>1988 JAN 21 AM 10:57</b> MARY E. WELTY RECORDER MADISON COUNTY, IOWA Fee \$15.00
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 \$15.00

Compared

6. Check appropriate box(s). 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 or minehead 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.

This is a refiling of lapsed UCC No. 1049 filed December 18, 1979 in Madison County, Iowa in Book 2 Page 5.

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

7.  Products of collateral are covered.

8. American Federal Savings and Loan Association of Iowa  
 Signature of Debtor Linda J. Righi, Assistant Secretary  
 Signature of Secured Party Linda J. Righi, Assistant Secretary  
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, and must be identified when substituted.

Form Approved (7-1-81) By: MARY JANE ODELL, Secretary of State

1 FILING OFFICER COPY    ALPHABETICAL

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) <b>EARLHAM MANOR CARE CENTER, INC.</b> Center & Poplar Streets Earlham, Iowa	2 Secured Party(ies) and address(es) <b>AMERICAN FEDERAL SAVINGS AND LOAN ASSOCIATION OF CENTRAL IOWA</b> 6th and Grand Des Moines, Iowa 50307	3 For Filing Officer (Date, Time, Number, and Filing Office) FILED NO. <u>1049</u> BOOK <u>2</u> PAGE <u>5</u> <i>ZCC</i> 1979 DEC 18 PM 4:04 421064-09 MARY E. WELTY RECORDER MADISON COUNTY IOWA
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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 dish-washers and all carpeting in the unit.**

5 Name and Address of Assignee  
**MICROFILMED**

6 Check appropriate box(es)  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.**

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* Secretary **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), 9-406 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 \_\_\_\_\_ 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**  
 \_\_\_\_\_, to me personally known, who, being by me duly sworn, did say that **she is** the **President** \_\_\_\_\_, 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** \_\_\_\_\_ 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. Smith*  
 Notary Public in and for the State of Iowa