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W3038567

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141				
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	8839 - BCM (UCC's)			
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	73994779			
	UTUT			
1	FIXTURE			
File with: Weber, UT				

EH 3038567 PG 1 OF 3 LEANN H KILTS, WEBER COUNTY RECORDER 03-MAR-20 157 PH FEE \$40.00 DEP TN REC FOR: CT LIEN SOLUTIONS

FIXIL	JRE							
File with: Weber, UT	THE ABOVE SPACE	E IS FOR FILING OFFICE USE	ONLY					
a. INITIAL FINANCING STATEMENT FILE NUMBER	1b. [∑]This FINANCING STATEM	ENT AMENDMENT is to be filed [for r						
2747681/W2747681 7/27/2015 CC UT Weber	(or recorded) in the REAL Filer, attach Amendment Adde	ESTATE RECORDS Indum (Form UCC3Ad) and provide Debtor's	name in item 13					
TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement								
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8								
S. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law								
. PARTY INFORMATION CHANGE:								
Citeck one of inese two boxes.	of these three boxes to: GE name and/or address: Complete, ADD name	e: Complete item DELETE name: G	ive record name					
This Change affects Debtor or Secured Party of record item 6		and item 7c to be deleted in ite						
6. CURRENT RECORD INFORMATION: Complete for Party Information Change -	provide only one name (6a or 6b)							
63. ORGANIZATION'S NAME OGDEN RP SNF, LLC								
OB CONTRACTOR OF THE PROPERTY		-						
6b. INDIVIDUAU'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX					
A CHANGE OF A POST AND TO A CHANGE OF A CH								
 CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Ch ORGANIZATION'S NAME 	ange - provide only one name (7a or 7b) (use exact, full name; d	o not omit, modify, or abbreviate any part of the D	ebtor's name)					
7b. INDIVIDUAL'S SURNAME								
INDIVIDUAL'S FIRST PERSONAL NAME								
INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)			SUFFIX					
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY					
<u></u>								
B. COLLATERAL CHANGE: Also check one of these four boxes: ADI	D collateral DELETE collateral RI	ESTATE covered collateral AS	SIGN collateral					
Indicate collateral:								

	NAME OF SECURED PARTY OF RE f this is an Amendment authorized by a DEI		HIS AMENDMENT: Provide only one name (provide name of authorizing Debtor	(9a or 9b) (name of Assignor, if this is an Assignme	nt)	
	9a. ORGANIZATION'S NAME					
	BERKADIA COMMERCIAL MORTGAGE, LLC					
OR	9b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(SVINITIAL(S)	SUFFIX	
					-	
10.	OPTIONAL FILER REFERENCE DATA:	Debtor Name: OGDEN	RP SNF, LLC	•	•	
73994779 101177156		101177156		Α		

UCC FINANCING STATEMENT AMENDMENT ADDENDUM **FOLLOW INSTRUCTIONS** 11, INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 2747681/W2747681 7/27/2015 CC UT Weber 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a, ORGANIZATION'S NAME BERKADIA COMMERCIAL MORTGAGE, LLC OR 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit 13a, ORGANIZATION'S NAME OGDEN RP SNF, LLC OR 13b, INDIVIDUAL'S SURNAME ADDITIONAL NAME(SYINITIAL(S) FIRST PERSONAL NAME SUFFIX 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): Debtor Name and Address: OGDEN RP SNF, LLC - 142 N Union Avenue Suite 230, Farmington, UT 84025 Secured Party Name and Address: BERKADIA COMMERCIAL MORTGAGE, LLC - 323 Norristown Road, Suite 300, Ambler, PA 19002 SECRETARY OF HOUSING AND URBAN DEVELOPMENT-OFFICE OF RESIDENTIAL CARE FACILITIES - 451 SEVENTH STREET SW, WASHINGTON, DC 20410 1) SECRETARY OF HOUSING AND URBAN DEVELOPMENT-OFFICE OF RESIDENTIAL CARE FACILITIES 15. This FINANCING STATEMENT AMENDMENT: 17. Description of real estate: covers timber to be cut covers as-extracted collateral is filed as a fixture filing PROPERTY ADDRESS: 16. Name and address of a RECORD OWNER of real estate described in item 17 1497 EAST SKYLINE DRIVE, (if Debtor does not have a record interest): SOUTH OGDEN, UT 84405-0000 TAX PARCEL ID: 075560004

18. MISCELLANEOUS: 73994779-UT-57 8839 - BCM (UCC's)

BERKADIA COMMERCIAL

[See Exhibit for Real Estate]

File with: Weber, UT 1011

LEGAL DESCRIPTION:

101177158 A

ALL OF LOT 5, GRANITE POINTE PHASE 1,

Debtor: OGDEN RP SNF, LLC

Exhibit for Real Estate

17. Description of real estate:

Continued

SOUTH OGDEN CITY, WEBER COUNTY, UTAH, ACCORDING TO THE OFFICIAL PLAT THEREOF RECORDED JANUARY 19, 2000 AS ENTRY NO. 1685049 IN BOOK 51 AT PAGE 35 OF OFFICIAL WEBER COUNTY RECORDS.