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RICHARD T. MAUGHAN
DAVIS COUNTY, UTAH RECORDER
10/30/2018 11:29 AM
FEE \$14.00 Pgs: 3
DEP RT REC'D FOR CSC

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294	
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
1539 55622 - 10/24/2018 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Utah (Davis)

04-069-0100

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME South Davis Community Hospital				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	400 East 401 South	CITY Bountiful	STATE UT	POSTAL CODE 84010
				COUNTRY USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME Corporation Service Company, as Representative				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	P.O. Box 2576 uccsprep@cscinfo.com	CITY Springfield	STATE IL	POSTAL CODE 62708
				COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:

THIS IS A FIXTURE FILING covering various medical equipment, phone system, countertops, roll away beds, asphalt and all other personal property (the "Property") described in Lease Schedule No. 2 to Master Lease Agreement No. ending in -5324 by and between Lessor and Debtor as Lessee. The Property may become a fixture to the real property described in the Exhibit A attached hereto. This financing statement is to be recorded in the real estate records of Davis county, State of Utah. The name of the owner of record is South Davis Community Hospital. Parcel ID No. 040690100

THIS IS A "TRUE LEASE". THIS FILING IS FOR PRECAUTIONARY AND INFORMATIONAL PURPOSES ONLY. THE PARTIES DO NOT BELIEVE THIS LEASE IS SUBJECT TO UCC9. THIS PROPERTY IS OWNED BY LESSOR AND LEASED TO LESSEE. LESSEE HAS NO RIGHT TO SELL OR PLEDGE THE PROPERTY.

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:
 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:
 Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA: :-5324-2

1539 55622

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME South Davis Community Hospital	
OR	
9b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME				
OR				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> is filed as a fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): South Davis Community Hospital 401 South 400 East Bountiful, UT 84010	16. Description of real estate: 401 South 400 East, Bountiful, UT 84010 Parcel ID No. 040690100 More thoroughly described in the attached Exhibit A

17. MISCELLANEOUS:

EXHIBIT A

RE: SOUTH DAVIS COMMUNITY HOSPITAL

PHYSICAL ADDRESS: 401 South 400 East, Bountiful, Utah 84010

LEGAL REAL ESTATE DESCRIPTION:

BEG ON E LINE OF A STR AT A PT 100.96 FT E & S 0°07' W 82 FT FR NW COR OF SEC 29-T2N-R1E, SLM; TH S 0°07' W 251.86 FT ALG THE E LINE OF A STR AT A PT 150 FT N OF N LINE OF ANOTHER STR; TH E 150 FT; TH S 0°07' W 150 FT TO N LINE OF SD STR; TH E 108.92 FT ALG SD STR; TH N 0°07' E 236.5 FT; TH E 26.08 FT; TH N 0°07' E 165.72 FT; TH S 89°38'33" W 50.00 FT; TH N 0°11'23" W 82.00 FT TO THE N LINE OF SD SEC 29; TH W 39.90 FT; TH S 0°07' W 82.00 FT; TH W 180 FT TO POB. ALSO: BEG AT A PT WH IS E 479.73 FT FR THE NW COR OF SEC 29-T2N-R1E, SLM; & RUN TH N 20°19'46" W 23.83 FT; TH N 89°45' W 50.13 FT; TH S 10°35' W 24.69 FT, M/L, TO THE NORTH LINE OF SD SEC 29; TH E 62.97 FT TO THE POB. CONT. 1.973 ACRES

COUNTY: Davis

PARCEL ID: 040690100

OWNER OF RECORD: South Davis Community Hospital, 401 South 400 East, Bountiful, UT 84010