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RICHARD T. MAUGHAN
DAVIS COUNTY, UTAH RECORDER
10/30/2018 11:30 AM
FEE \$12.00 Pgs: 2
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 55377 - 10/24/2018 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Utah (Davis)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

04-069-0005

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	CITY Springfield	STATE IL	POSTAL CODE 62708
	uccsprep@cscinfo.com			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 Addendum 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 Bountiful Retreat. Parcel ID No. 040690005

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/Licenser

8. OPTIONAL FILER REFERENCE DATA: -5324-2

1539 55377

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		SUFFIX
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX		
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: covers timber to be cut covers as-extracted collateral 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):
Bountiful Retreat
 400 East 401 South
 Bountiful, UT 84010

16. Description of real estate:
 495 East 500 South, Bountiful, UT 84010

 Legal Real Estate Description:
 BEG ON N SIDE OF 5TH SOUTH STR 368.92 FT E OF E LINE OF 4TH EAST STR; WH PT IS 469.88 FT E & 438.86 FT S 0°07' W OF RELOCATED MONU AT NW COR SEC 29-T2N-R1E, SLM; TH N 0°07' E 236.5 FT; TH E 84.5 FT; TH S 0°07' W 236.5 FT TO N LINE SD 5TH SOUTH STR; TH W ALG SD N LINE 84.5 FT TO POB. CONT. 0.46 ACRES

17. MISCELLANEOUS: