

E 3133120 B 7156 P 669-671  
RICHARD T. MAUGHAN  
DAVIS COUNTY, UTAH RECORDER  
12/10/2018 02:45 PM  
FEE \$14.00 Post 3  
DEP RT REC'D FOR CSC

14  
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### UCC FINANCING STATEMENT AMENDMENT

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)	
1556 44660 - 12/5/2018 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Utah (Davis)

04-069-0100

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER E 3125683 BK 7131 PG 409 10/30/2018	1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13
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2.  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement
3.  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
4.  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

5.  PARTY INFORMATION CHANGE:

Check one of these two boxes: AND Check one of these three boxes to:

This Change affects  Debtor or  Secured Party of record  CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c  ADD name: Complete item 7a or 7b, and item 7c  DELETE name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME Corporation Service Company, as Representative

OR

6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME Prime Alliance Bank, Inc.

OR

7b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7c. MAILING ADDRESS 1868 South 500 West	CITY Woods Cross	STATE UT	POSTAL CODE 84087	COUNTRY USA
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8.  COLLATERAL CHANGE: Also check one of these four boxes:  ADD collateral  DELETE collateral  RESTATE covered collateral  ASSIGN collateral

Indicate collateral:

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  
If this is an Amendment authorized by a DEBTOR, check here  and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME Corporation Service Company, as Representative

OR

9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA: Debtor: South Davis Community Hospital - -5324-2 1556 44660

### UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form <b>E 3125683 BK 7131 PG 409 10/30/2018</b>	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form	
12a. ORGANIZATION'S NAME <b>Corporation Service Company, as Representative</b>	
OR	
12b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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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			
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)
			SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

15. This FINANCING STATEMENT AMENDMENT:  
 covers timber to be cut  covers as-extracted collateral  is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17  
(if Debtor does not have a record interest):  
**South Davis Community Hospital**  
4001 South 400 East  
Bountiful, UT 84010

17. Description of real estate:  
**401 South 400 East, Bountiful, UT 84010**

Parcel ID No. 040690100

More thoroughly described in the attached Exhibit A

18. 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