| This FINANCING STATEMENT is presented to a filing officer for filing pursuant to the Uniform Commercial Code: | | |
|---|--|--|
| Debtor(s) (Last Name First) Address(es) | 2. Secured Party(ies) (or assignee and address(es): | For Filing Officer (Date, Time, No. & Filing Office) |
| SOUTHEAST KANSAS PHYSICAL THERAPY, INC. ID#48-1122486 1329 N. PENN INDEPENDENCE, KS 67301 | BANK IV KANSAS, N.A. 501 N. PENN, P. O. BOX 726 INDEPENDENCE, KS 67301 | 93 AUG 13 PM 1 40 |
| ASSIGNMENT OF PAYMENT ON CONTRACT WITH FREDONIA REGIONAL HOSPITAL. REGISTER OF DEEDS | | |
| 3B. (If collateral is crops) The above described crops are growing or are to be grown on: (Describe real estate) | | |
| 3C. If applicable, the above (goods are to become fixtures on:) (timber is standing on:) (minerals or the like, including oil and gas, or accounts will be financed at the wellhead or minehead of the well or mine located on:) (Legal description of real estate) | | |
| (Name of record owner) | | |
| 4. Check if Proceeds of Collateral are claimed Products of Collateral are also covered. | | |
| By: Southeast Kansas Physical There By: Southeast Kansas Physical There By: Southeast Kansas Physical There Signature(s) of Debtor(ERIC B. LANCASTER, D.O. (1) Filing OFFICER COPY-ALPHA | s) By: Bonny (| IV KANSAS, N.A. ABeursleus s) of Secured Party(ies) (or assignee) BEURSKENS, ASST. VICEPRESIDENT |
| FORM UCC-1-KANSAS UNIFORM COMMER | CIAL CODE | Form approved by FORM UCC-1 Secretary of State (R-(9- |