To be filed with Sheridan County, Wyoming in Real Estate Records

Date stamped by Julian Code
EXAMPLE 91 182 09 1A01 (The document number consists of all 11 digits)
91 Year
182 Number of days counted from Jan. 1
09 Time of day field (9:00 a.m.)
1A01 Microfiche number

*For Secretary of State Office Use only*
*FILING STAMP* 666

RECORDED MARCH 5, 1996 BK 348 PG 666 NO 221183 RONALD L. DAILEY, COUNTY CLERK

**PLEASE TYPE THE INFORMATION ON THIS FORM ACCORDING TO ALL INSTRUCTIONS PRINTED ON THE BACK OF THE UCC1 FORM**

**Debtor Name** — Social Security # or Employer ID #

1. Sheridan County Memorial Hospital Foundation — 74-1905155
2.
3.

Mailing Address

Secured Party and Address

Norwest Bank Wyoming, N.A., as Trustee
234 East First Street
Casper, WY 82602

Assignee of Secured Party and Address

This Financing Statement covers the following types (or items) of property: Describe real estate. *If collateral is crops*, the above described crops are growing or are to be grown on, OR *if collateral is goods which are or are to become fixtures*, the above goods are affixed or to be affixed to

See Exhibit A attached hereto.

THIS FINANCING STATEMENT IS TO BE FILED IN THE REAL ESTATE RECORDS AS A FIXTURE FILING.

Debtor is record owner.

CHECK (X) IF ALSO COVERED: ☐ PROCEEDS OF COLLATERAL ☐ PRODUCTS OF COLLATERAL

Only use the following spaces for Farm Products requiring EFFECTIVE FINANCING STATEMENT (EFS) filing in accordance with the Food Security Act of 1985.

| FARM PRODUCT | CODE | YEAR | QUANTITY | COUNTY CODE | LOCATION IN COUNTY OR FURTHER DESCRIPTION |
|---|---|---|---|---|---|
| | | | | | |

Pay proceeds to debtor and secured party unless otherwise checked ☐ Secured Party Only ☐ Debtor Only

Number of Additional Sheets, if any: _____

Filed with the Secretary of State as ☐ UCC 1 ☐ EFS ☐ BOTH

SHERIDAN COUNTY MEMORIAL HOSPITAL FOUNDATION
By: _____, President
*MUST BE ORIGINALLY SIGNED* *Signature(s) of Debtor(s)*

NORWEST BANK WYOMING, NA AS TRUSTEE
By _____ S.R.V.P.
*MUST BE ORIGINALLY SIGNED* *Signature of Secured Party*

**FOR TERMINATION ONLY:**
To use Acknowledgment Copy as a Termination Statement, Secured Party must date and sign below:
Termination Statement dated _____ Signed _____
*Signature of Secured Party*

State of Wyoming Financing Statement-Approved Standard Form
Secretary of State, The Capitol, Cheyenne, WY 82002 (307) 777-5372

WYO UCC1 Form
Revised 2/91

ORIGINAL-CENTRAL FILING SYSTEM

[redacted] [redacted] [redacted]

[redacted] [redacted] [redacted]

EXHIBIT A

The Collateral is all equipment, inventory, fixtures, including, but not limited to, CAT scan equipment, linear accelerators, radiation therapy equipment, MRI equipment and a Toshiba CT scanner, as well as chattel paper, documents, instruments, accounts, contract rights, consumer goods, farm products, money, general intangibles, goods and any and all other personal property of any kind or character defined in and subject to the provisions of the Wyoming Uniform Commercial Code, including the proceeds and products of and from any and all of such personal property now owned or hereinafter acquired which is located on or used in connection with the following described land:

Lots 1, 2, 3, 4, 5, 6 and 7, and Lot 1 Parking, Lot 2 Parking, Lot 3 Parking and Lot 4 Parking, all in Partridge Plaza Subdivision.

A subdivision in Sheridan County, Wyoming, as recorded in Book 1 of Plats, Page 291.