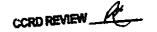
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UCC FINANCING STATEMENT AMENDME	NT	Doc#	*18 182421	7043 Fee \$42.9	99
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294				RPRF FEE: \$1.00	
B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscglobal.com		KAREN F	A.YARBROL	CORDER OF DEEDS	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		DATE:	08/30/20	18 02:23 PM PG:	1 OF 3
1480 34264 CSC		١			- - '
801 Adlai Stevenson Drive Springfield, IL 62707	iled In: Illinois				
	(Cook)	THE ABOVE SI	PACE IS FO	OR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT F LEN JMBER 1815741003 06/06/2018		1b. This FINANCING STA (or recorded) in the RE Filer: attach Amendment	EAL ESTATE	ENDMENT is to be filed [for RECORDS orm UCC3Ad) and provide Debt	
TERMINATION: Effectiveness of the Finan Line Statement identified a Statement	bove is terminated w	rith respect to the security inte	erest(s) of Se	acured Party authorizing this	Termination
3. ASSIGNMENT (full or partial): Provide name of A signae in item 7a of For partial assignment, complete items 7 and 9 and complete items 7.			e of Assigno	r in item 9	
4. CONTINUATION: Effectiveness of the Financing Statemer (ident free continued for the additional period provided by applicable law	d above with respect	to the security interest(s) of S	Secured Part	y authorizing this Continuati	on Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes, ————————————————————————————————————	് <u>നും</u> നിthese three bo HANG! name and/or a m 6a or 6b; <u>ചെ</u> രിത്ത് 7	ddress: CompleteADD i	name: Compl 7b, <u>and</u> item		Give record name item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information C 6a. ORGANIZATION'S NAMEMIdCap Financial Trust, as Ag	hange - pr. vide only s				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL JAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info 7a. ORGANIZATION'S NAME MIDCAP Funding VII Trust, as		nly <u>one</u> name (7a or 7b) (usc. exact. fu	ll name; do not d	omit, modify, or abbreviate any part o	of the Debtor's name)
OR 75. INDIVIDUAL'S SURNAME		(0)	4,		
INDIVIDUAL'S FIRST PERSONAL NAME			5		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S))	SUFFIX
7c. MAILING ADDRESS 7255 Woodmont Avenue, Suite 200	Bethesda		STATE MD	POSTAL COULT	COUNTRY
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 If this is an Amendment authorized by a DEBTOR, check here and provi	AMENDMENT: P) (name of A	ssignor, if this is an Assignme	ent)
9a. ORGANIZATION'S NAME MidCap Financial Trust, as Ag		g			
OR 95. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: WEST SUBL	JRBAN BANK	, AS TRUSTEE U <i>l</i>	T/A DTD	11/29/94 AND	1480 34264



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INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendr 1815741003 06/06/2018	ment form		
2. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Ame	endment form		
12a. ORGANIZATION'S NAME			
MidCap Financial Trust, as Agent			
R 12b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME			
<u> </u>	Louisev		
ADDITIONAL NAME(S)/INITIAL (3)	SUFFIX		
A DESTRUCTION OF THE PROPERTY		THE ABOVE SPACE IS FOR FILING OFFICE US	
 Name of DEBTOR on related financing state, nent (Name of a current Debtor of r one Debtor name (13a or 13b) (use exact, full nume do not omit, modify, or abbreviate) 			3): Provide oni
13a, ORGANIZATION'S NAME			
Ojc			
13b. INDIVIDUAL'S SURNAME FIRS	ST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
5. This FINANCING STATEMENT AMENDMENT:		eal estate:	
	17. Description of r Legal desc	eal estate: ription attached hereto as Exhibit A	and mad
5. This FINANCING STATEMENT AMENDMENT: covers timber to be cut covers as-extracted collateral is filed as a fixt 6. Name and address of a RECORD OWNER of real estate described in item 17	17. Description of r Legal descri	eal estate: ription attached hereto as Exhibit A	and mad

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(Orland Park)

EXHIBIT A

LEGAL DESCRIPTION

Lot 1 in Lexington Health Care's Orland Park Consolidation, being a consolitation of parcels in the West 1/2 of the Northwest 1/4 of Section 10, Township 36 North, Range 12, East of the Third Principal Meridian, according to the Plat there of recorded November 15, 1996 as document 96872202, in Cook County, Illinois.

i, On.

County Clarks Office 14601 John Humphrey Drive, Orland Park, IL 60462

PIN: 27-10-100-099