



UCC

LIEN NO. 93970466

PARKWOOD MEADOWS, LL

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
<div style="border: 1px solid black; width: 80%; margin: auto; padding: 10px;"> DATA RESEARCH, INC. 7185 SW Sandburg St, #110 Portland, OR 97223 </div>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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 Parkwood Meadows, LLC, an Oregon limited liability company					
OR	1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 7700 NE Parkway Drive, Suite 300			CITY Vancouver	STATE WA	POSTAL CODE 98662
			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 Parkwood Meadows Community Healthcare, LLC, an Idaho limited liability company					
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 262 N. University Ave.			CITY Farmington	STATE UT	POSTAL CODE 84025
			COUNTRY USA		

4. COLLATERAL: This financing statement covers the following collateral:
 See Exhibit A attached hereto and made a part hereof.

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:
OR-SOS (SLG File No. 937.300)

Exhibit A

DEBTOR:	SECURED PARTY:
Parkwood Meadows, LLC 7700 NE Parkway Drive, Suite 300 Vancouver, Washington 98662	Parkwood Meadows Community Healthcare, LLC 262 N. University Ave., Farmington, UT 84025

Collateral:

The "Collateral" is only the following and no other property:

(i) All present and future Accounts (as defined in the Uniform Commercial Code) arising from or related to services rendered at the Facility on or after September 1, 2024 ("New Operator Accounts Receivable"), and all proceeds thereof; and (ii) All of the books and records and recorded data or computer software to the extent necessary for the billing and collection of the New Operator Accounts Receivable (regardless of the medium of recording or storage), and in the case of all of the foregoing, whether now existing or hereafter acquired.

For the avoidance of doubt, the Collateral does not include the following:

(x) Any Accounts (as defined in the Uniform Commercial Code) arising from or related to services rendered at the Facility prior to September 1, 2024 (the "Excluded Accounts") and all proceeds thereof; and

(y) To the extent not included in clause (ii) above, all of the books and records and recorded data or computer software to the extent necessary for the billing and collection of such Excluded Accounts (regardless of the medium of recording or storage), and in the case of all of the foregoing, whether now existing or hereafter acquired.

This financing statement, and the security interest evidenced by this financing statement, terminate when New Operator Accounts Receivable are no longer being deposited into Debtor's bank accounts for the Facility into which all payments for services rendered at the Facility are directly deposited by third party payors.

For purposes hereof, "Facility" means: That certain assisted living facility located at 1885 Parkwood Street, Idaho Falls, ID 83401 commonly referred to as "Parkwood Meadows Assisted Living Community".