

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT SUBMITTER (optional) Nancy D Boone 857-338-2166	
B E-MAIL CONTACT AT SUBMITTER (optional) nancy.boone@usbank.com	
C SEND ACKNOWLEDGMENT TO (Name and Address) U.S. Bank National Association - CME 1 Federal Street 3rd Floor Boston, MA 02110	
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE NUMBER 201515421380 08/12/2015	1b <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer attach 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 Part(y)(ies) authorizing this Termination Statement

3  ASSIGNMENT: 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, check ASSIGN Collateral box in item 8 and describe the 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 6c);

6a ORGANIZATION'S NAME			
OR	6b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

7 CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b); use exact name, do not omit, modify or abbreviate any part of the Debtor's name;

7a ORGANIZATION'S NAME			
OR	7b INDIVIDUAL'S SURNAME		
	INDIVIDUAL'S FIRST PERSONAL NAME		
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
7c MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY

8 COLLATERAL CHANGE  Check only one box  ADD collateral  DELETE collateral  RESTATE covered collateral  ASSIGN collateral

Indicate collateral \*Check ASSIGN COLLATERAL only if the assignee's power to amend the records is limited to certain collateral and describe the collateral in Section 8

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 U.S. Bank Trust Company, National Association, as Trustee			
OR	9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10 OPTIONAL FILER REFERENCE DATA Filed with: RI - Secretary of State; Debtor: SOUTH COUNTY HOSPITAL HEALTHCARE SYSTEM

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A#1458449