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	31 ⁵⁵ 35"		

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

UCC FINANCING STATEMENT AMENDMENT

		20048
200	2071	20040

Skagit County Auditor

7/12/2002 Page 1

1 of 2

9:40AM

A. NAME AND PHONE OF CONTACT A	AT FILER [optional]					
B. SEND ACKNOWLEDGMENT TO: (N	lame and Address)					
RICHARDSON CON 505 A SAN MARIN I NOVATO, CA 9494 (415) 898-7200						
		4	THE A	BOVE SPACE IS FOR	R FILING OFFICE U	SE ONLY
1a. INITIAL FINANCING STATEMENT FILE #	# 200111270109	recorded on	11/27/2001	1b. This FINANCING S to be filed for reco	ord] (or recorded) in the	
2. TERMINATION: Effectiveness of the	e Financing Statement identified above	is terminated with respect	to security interest(s) of the Secured Party a	uthorizing this Termina	tion Statement.
CONTINUATION: Effectiveness of the continued for the additional period priod pr	he Financing Statement identified above rovided by applicable law.	e with respect to security	interest(s) of the Sec	cured Party authorizing th	is Continuation Statem	ent is
4. ASSIGNMENT: 📝 FULL or 🗌 PARTIA	AL. Give name of assignee in item 7a or	r 7b and address of assig	nee in item 7c; and a	also give name of assigno	or in item 9.	
5. AMENDMENT (PARTY INFORMATION): Th	nis Amendment affects Debtor or	Secured Party of reco	rd. Check only one	of these two boxes.	·	
Also check one of the following three boxes an		J. J. C.				
CHANGE name and/or address: Give on name (if name change) in item 7e or 7b	current record name in item 6a or 6b; als and/or new address (if address change	sogive new DELE b) in item 7c to be i	TE name: Give red deleted in item 6a or	ord name ADD 6b. item 7	name: Complete item c; also complete items	7a or 7b, and also 7d-7g (if applicable)
6. CURRENT RECORD INFORMATION:						
6a. ORGANIZATION'S NAME	\	$\sqrt{}$	- -			
OR 6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	·	SUFFIX
7. CHANGED (NEW) OR ADDED INFOR	RMATION:		71			<u></u>
7a ORGANIZATION'S NAME JPMorgan Chase Bank, as Tru OR Pass-Through Certificates, Ser		redit Suisse First B	oston Mortgage	e Securities Corp.,	Commercial Mort	gage
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME SUFFI		SUFFIX
7c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
450 West 33rd Street		New York		NY	10001	
7d. TAX ID #: SSN OR EIN OPTIONAL ADDNL IN ORGANIZA DERTOR	FORE _	N 71. JURISIDETION OF New York	ORGANIZATION	7g. ENTITY'S (ORGANIZATIONAL ID	#, if any
B. AMENDMENT (COLLATERAL CHANGE): 0	check only one box.	`			 '	
Describe collateral released or added,	or give entire restated collateral de	escription.) 	

ALL COLLATERAL ASSIGNED AS PER ORIGINAL UCC-1

	NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMER adds collateral or adds the authorizing Debtor, or if this is a Termination authorize		signor, if this is an Assignment). If this is an Amendment auth			
	9a. ORGANIZATION'S NAME	-		SUFFIX		
OR	COLUMN FINANCIAL, INC., A DELAWARE CORPORATION					
	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	1 1		
10.	10. OPTIONAL FILER REFERENCE DATA					
	CSFB-Life Care Loan# LC-059	9 RCG# 053 UCC.	1 WA, Skagit			

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

12. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)

Book:

Page:

200111270109

13. NAME of SECURED PARTY of RECORD (same as item 9 on Amendment form)

13a. ORGANIZATION'S NAME

COLUMN FINANCIAL, INC., A DELAWARE CORPORATION

OR 13B. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

14. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Debtor 1 Info:

MT. VERNON ASSISTED LIVING INVESTORS, LLC

3570 Keith Street, NW Cleveland TN 37320-3480

Debtor 2 Info:

Mt. Vernon Medical Investors limited Partnership

3570 Keith Street, NW Cleveland TN 37320-3480

