



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

BRADLEY ARANT BOULT CUMMINGS LP
STE 700
1600 DIVISION ST
NASHVILLE, TN 37203-2771

May 5, 2017 11:39 AM

Financing Statement Doc #: 426793008
DLN #: B0386-5006

UCC Financing Statement Acknowledgment

This acknowledges the filing of the attached UCC1 document. Please review the data to ensure database information corresponds with information on the submitted UCC form. In the event a discrepancy is found, please note the error and return the entire package to our office. If we may be of any further service to you, please contact us at the number noted below.

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Enclosures: Original Documents

DEBTOR INFORMATION

CURAE HEALTH, INC. 121 LEINHART STREET
CLINTON, TN 37716

SECURED PARTY INFORMATION

SERVISFIRST BANK, 1801 WEST END AVENUE
SUITE 110
NASHVILLE, TN 37203

RECORDING TAX

Maximum principal indebtedness for Tennessee recording tax purposes is: \$0.00

FILING INFORMATION

Financing Statement Doc #: 426793008
Filing Date: 5/5/2017 11:30 AM
Lapse Date: 5/5/2022 11:59 PM

Document Receipt

Receipt #: 3362123	Fees Paid:	\$15.00
	Taxes Paid:	\$0.00
Payment-Account - #29487 BRADLEY ARANT BOULT CUMMINGS LLP, NASHVILLE, TN		\$15.00



UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (Optional)
B. EMAIL CONTACT AT FILER (Optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
Mary Ward Bradley Arant Boult Cummings LP 1600 Division Street, Suite 700 Nashville, TN 37203

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)

OR	1a. ORGANIZATION'S NAME Curae Health, Inc.			
	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX
	1c. MAILING ADDRESS 121 Leinhart Street	CITY Clinton	STATE TN	POSTAL CODE 37716
				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)

OR	2a. ORGANIZATION'S NAME			
	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)

OR	3a. ORGANIZATION'S NAME SERVISFIRST BANK,			
	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX
	3c. MAILING ADDRESS 1801 West End Avenue, Suite 110	CITY Nashville	STATE TN	POSTAL CODE 37203
				COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:
Debtor hereby grants Security Party a security interest in all Debtor's assets and personal property, which are related to the hospitals owned and operated by Amory Regional Medical Center, Inc. and Batesville Regional Medical Center, Inc., but specifically excluding Debtor's ownership interest in NW Alabama Real Estate, LLC ("NWARE") and any assets owned by NWARE or related to such assets, whether presently existing or hereafter acquired or arising and wherever located, including without limitation, Gross Revenues (as defined in the Loan Agreement), all accounts, chattel paper, deposit accounts, documents, electronic chattel paper, equipment, fixtures, general intangibles, goods, health-care-insurance receivables, instruments, inventory, investment property, letter-of-credit rights, payment intangibles, promissory notes, software, any commercial tort claims hereafter identified by Debtor in any authenticated record delivered to Secured Party and all supporting obligations, products and proceeds of any of the foregoing.

Maximum principal indebtedness for Tennessee recording tax purposes is \$⁰

5. Check only if applicable and check only one box: Collateral is held in 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/Licensor

8. OPTIONAL FILER REFERENCE DATA:

EXHIBIT A
LEGAL DESCRIPTION

PARCEL 1

Tract I: A part of the Southeast Quarter of Section 9, Township 9 South, Range 7 West, more particularly described as:

Beginning at a point that is 417.6 feet North and 20.0 feet West of the intersection of the East line of said Section 9 with the North line of Mississippi Highway No. 6; said point of beginning being on the North line of a lot owned now by Coleman Fowler; running thence West for a distance of 900.0 feet; thence North for a distance of 623 feet to an iron stake; thence East for a distance of 880.0 feet to a point that is 40.0 feet West of the East line of said Section 9; running thence South along the West line of a proposed road for a distance of 21.4 feet; thence in a Southerly direction along the West line of said proposed road around a curve to the left with a radius of 2904.79 feet for a distance of 304.18 feet; thence in a Southerly direction along the West line of said proposed road around a curve to the right with a radius of 2824.79 feet for a distance of 295.81 feet to the point of beginning; and being the same property conveyed to South Panola County Hospital District by deed in Book N-3 at Page 159.

Tract II:

A part of the Northeast Quarter of Section 15, Township 9 South, Range 7 West, in the Second Judicial District of Panola County, Mississippi, and being more particularly described as follows, to-wit:

Commencing at the Northeast corner of said Section 15; running thence south for a distance of 935.16 feet; thence West for a distance of 4.76 feet to an iron pin on an existing property line fence and the point of beginning; running thence South 00°16'29" West along said property line fence for a distance of 992.26 feet to an iron pin; thence West for a distance of 1284.05 feet to an iron pin on the Easterly right of way line of a proposed road; thence along the Easterly right of way line of said proposed road as follows: North 06°47'54" East for a distance of 297.43 feet to an iron pin; thence in a Northeasterly direction around a curve to the right having a delta angle of 37°11'28" a radius of 550.00 feet for a distance of 357.01 feet to an iron pin; thence North 43°59'22" East for a distance of 236.11 feet to an iron pin; thence in a Northeasterly direction around a curve to the right having a delta angle of 45°08'57" a radius of 665.00 feet for a distance of 524.02 feet to an iron pin; thence North 89°08'17" East for a distance of 470.79 feet to the point of beginning, and being the same property conveyed to South Panola County Hospital District by Deed in Book B-9 at Page 304.

FOR INFORMATION ONLY

PARCEL 1

Tract I: 155 Keating Road, Batesville, MS (Tri Lakes Behavioral Health Center)
Tax ID 3182P0005300 40002600, PPIN 8172

TRACT II: 303 MEDICAL CENTER DRIVE, BATESVILLE, MS (TRI LAKES MEDICAL
CENTER) TAX ID 3185 0005900 0000101, PPIN 8173
311 MEDICAL CENTER DRIVE, BATESVILLE, MS
TAX ID 3185 0005900 0000113, PPIN 8174