

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone:(800) 331-3282 Fax: (818) 662-4141	
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	11571 FUJIFILM MEDIC
UCC Direct Services	10563206
P.O. Box 29071	RIRI
Glendale, CA 91209-9071	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME ROGER WILLIAMS MEDICAL CENTER						
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS 825 CHALKSTONE AVENUE			CITY PROVIDENCE	STATE RI	POSTAL CODE 02908	COUNTRY
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION NPC	1f. JURISDICTION OF ORGANIZATION RI		1g. ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE	

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME ROGER WILLIAMS MEDICAL CENTER						
OR	2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS 825 CHALKSTONE AVENUE			CITY PROVIDENCE	STATE RI	POSTAL CODE 02908	COUNTRY
2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION INCORP BUSINESS	2f. JURISDICTION OF ORGANIZATION RI		2g. ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE	

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME FUJIFILM MEDICAL SYSTEMS USA, INC.						
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS 419 WEST AVENUE			CITY STAMFORD	STATE CT	POSTAL CODE 06902	COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

Val:\$	Item ID	Description	Quantity	1	2	3	4	5	6	7	8	9
341119.80			1	XDUAL-VEL-80C-02	1.00	EACH	2	X-15657004				
1.00	EACH	3 X-CR-IR-357-RU1E	1.00	EACH	4 XDICOMPRINT	1.00	EACH	5 XFREETEXT	1.00			
EACH	6 XIIPMAG	1.00	EACH	7 XSAUTOEXAM	1.00	EACH	8 XCASS-14X17-CC	2.00	EACH			
R230147ST6-SPKG	2.00	EACH	10	XCASS-10X12-CC	2.00	EACH						

5. ALTERNATIVE DESIGNATION [if applicable] <input type="checkbox"/> LESSEE/LESSOR <input type="checkbox"/> CONSIGNEE/CONSIGNOR <input type="checkbox"/> BAILEE/BAILOR <input type="checkbox"/> SELLER/BUYER <input type="checkbox"/> AG. LIEN <input type="checkbox"/> NON-UCC FILING											
6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]						7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 [optional]					
8. OPTIONAL FILER REFERENCE DATA											
10563206				5662757				0079984			