[redacted]

UCC FINANCING STATEMENT AMENDMENT

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 Mailing Address) 11008 BANC OF AMERIC

UCC Direct Services
P.O. Box 29071
Glendale, CA 91209-9071

10975325

RIRI

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
200603835850 10-JUL-2006 SS RI

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

2. ☐ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. ☐ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ☐ **ASSIGNMENT** (full or partial): Give name of assignee in item 7a or 7b and address of assignee in 7c; and also give name of assignor in item 9.

5. **AMENDMENT** (PARTY INFORMATION): This Amendment affects ☐ Debtor or ☐ Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

☐ CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.

☐ DELETE name: Give record name to be deleted in item 6a or 6b.

☐ ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable)

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

7d. SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any
				☐ NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral ☐ deleted or ☒ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.

PERSUANT TO CONTRACT 090-2232655-000: The equipment described in Exhibit A, attached hereto and made a part hereof in which the Debtor now or hereafter has rights: together with (i) all present and future parts, attachments, or accessories thereto and replacements thereof, (ii) all accounts, chattel paper, and general intangibles arising from or related to any sale, lease, rental or other disposition of any such equipment to third parties, or otherwise resulting from the possession, use or operation of such equipment by third parties, including instruments, investment property, deposit accounts, letter of credit rights, and supporting obligations arising thereunder or in connection therewith; (iii) all insurance, warranty and other claims against third parties with respect to such equipment; (iv) all software and other intellectual property rights used in connection therewith; (v) proceeds of all of the foregoing, including insurance proceeds and any proceeds in the form of goods, accounts, chattel paper, documents, instruments, general intangibles, investment property, deposit accounts, letter of credit rights and supporting obligations; and (vi) all books and records regarding the foregoing, in each case, now existing or hereafter arising.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here ☐ and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
BANC OF AMERICA LEASING & CAPITAL, LLC

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA
10975325 Debtor Name: VISITING NURSE SERVICE OF GREATER RHODE ISLAND 090-2232655-000 090-2232655-000

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

Prepared by UCC Direct Services, P.O. Box 29071 Glendale, CA 91209-9071 Tel (800) 331-3282

24512086

Exhibit A

Debtor VISITING NURSE SERVICE OF GREATER RHODE ISLAND

090-2232655-000

Secured Party: Banc of America Leasing & Capital, LLC

1185631 1 1 N HW BATTERY 28014A APC SMARTUPS 1500 N/A PST 2
1185631 2

1 N HW SERVER DC1130 DELL Q292541152 CUSTOM DELL 2850 SERVER FOR VNS OF RI

FW: 1006203 - VNS of Greater RI

N/A PST 1 $17,425.00 5/30/2006 1185631 3

1 N HW SERVER DC1131 DELL Q292540356 CUSTOM DELL 2850 SERVER FOR VNS OF RI
N/A PST 1 $.00 5/30/2006 1185631 4

1 N HW TAPE DR DC1132 DELL Q292341002 PV114T 160GB TBU FOR VNS OF RI N/A PST 1
$.00 5/30/2006

ATTACHMENT A
DELL PowerEdge 2850 – Database Server for VNS of Rhode Island

Base Unit:	[illegible]
Processor:	[illegible]
Memory:	[illegible]
Keyboard:	[illegible]
Monitor:	[illegible]
Video Memory:	[illegible]
Hard Drive:	[illegible]
Hard Drive Controller:	[illegible]
Floppy Disk Drive:	[illegible]
Operating System:	[illegible]
Mouse:	[illegible]
NIC:	[illegible]
Modem:	[illegible]
CD-ROM or DVD-ROM Drive:	[illegible]
Sound Card:	[illegible]
Speakers:	[illegible]
Documentation Diskette:	[illegible]
Additional Storage Products:	[illegible]
Feature	[illegible]
Feature	[illegible]
Service:	[illegible]
Service:	[illegible]
Service:	[illegible]
Service:	[illegible]
Service:	[illegible]
Service:	[illegible]
Service:	[illegible]
Service:	[illegible]
Installation:	[illegible]
Misc:	[illegible]
Misc:	[illegible]
Misc:	[illegible]
Misc:	[illegible]
Misc:	[illegible]
	[illegible]
	[illegible]
	[illegible]
	[illegible]
	[illegible]
	[illegible]
	[illegible]
	[illegible]

24512086

Exhibit A

Debtor VISITING NURSE SERVICE OF GREATER RHODE ISLAND

090-2232655-000

Secured Party: Banc of America Leasing & Capital, LLC

ATTACHMENT B
DELL PowerEdge 2850 – Application Server for VNS of Rhode Island

Base Unit:	[illegible]
Processor:	[illegible]
Memory:	[illegible]
Keyboard:	[illegible]
Monitor:	[illegible]
Video Memory:	[illegible]
Hard Drive:	[illegible]
Hard Drive Controller:	[illegible]
Floppy Disk Drive:	[illegible]
Operating System:	[illegible]
Mouse:	[illegible]
NIC:	[illegible]
Modem:	[illegible]
CD-ROM or DVD-ROM Drive:	[illegible]
Sound Card:	[illegible]
Speakers:	[illegible]
Documentation Diskette:	[illegible]
Additional Storage Products:	[illegible]
Feature:	[illegible]
Feature:	[illegible]
Service:	[illegible]
Service:	[illegible]
Service:	[illegible]
Service:	[illegible]
Service:	[illegible]
Service:	[illegible]
Service:	[illegible]
Service:	[illegible]
Installation:	[illegible]
Misc:	[illegible]
Misc:	[illegible]

Item #	Qty	HARDWARE & INSTALLATIONS
28014A	2	APC SmartUPS 1500
DC1130 DC1131 DC1132	1 1 1	Dell Servers: *see Attachments A & B for specs*
942431	1	Entry Level System Installation
9424WE	1	Misys Integration (Entry-Level System)
942481	2	Installation (UPS)
9424SC	1	Misys Site Check (1-12 Devices)
942412	10	PC Installation/Misys Application Software Integration Misys will install on 5 business systems & 5 clinical systems. Client is responsible for install on all other user systems.
17030KX	71	Fujitsu T4020D Tablet PC Convertible w/ Embedded Radio Includes 1.73 GHz. Pentium M, 512MB RAM, 40GB drive, 12.1" TFT touchscreen, embedded radio, 10/100 Ethernet, 56K modem, auto/airline adapter, diplomat case, Windows Tablet PC OS, and a 3-year depot warranty. Biometrics FP reader included
17030B8	3	Fuji Modular DVD/CD-RW Combo Drive Functions as a DVD player, a CD-ROM drive and a CD-RW drive.

Exhibit A

24512086

Debtor VISITING NURSE SERVICE OF GREATER RHODE ISLAND

090-2232655-000

Secured Party: Banc of America Leasing & Capital, LLC

Item #	Qty	MISYS HOMECARE SOFTWARE
11043A	1	Medicare "A" Electronic Claims - Home Health & Hospice
11042Y	1	Medicare "A" Paper Claims - Home Health & Hospice
11041T	1	Misys Homecare Bill Print HH RI Medicaid UB92
11037T	1	Misys Homecare Bill Print HO RI Medicaid UB92
11106J	1	Misys Homecare E Bill HH RI Medicaid-HIPAA ANSI X12 837I
11035H	1	Misys Homecare E Bill HO RI Medicaid-HIPAA ANSI X12 837I
11129G	1	Misys Homecare E Bill Commercial RI BCBS-HIPAA ANSI X12 837
11129N	1	Misys Homecare E Bill Commercial RI Blue Chip-HIPAA ANSI X12 837
11024K	1	Misys Homecare GL Interface - PEACHTREE
11026D	1	Misys Homecare PR Interface - ADP
11136A	1	Misys Homecare Barcode Scanning
11103A	1	Misys Homecare Business Unit - Hospice
11002	71	Misys Homecare Clinical License (Individual)
11001	48	Misys Homecare Host License (Concurrent)

Item #	Qty	SERVICES
4814CX	1	Misys Homecare Implementation Pkg Up to 164 Hrs (31-50 user) Implementation Services include instruction/guidance on setup, testing, training, and project management. Estimated distribution of hours: (32) for Application Overview/Due Diligence, (24) for Data Definition Build, (12) for testing, (40) for Application Training, (16) Go-Live assistance, (16) for A/R Mgt/Follow up, (24) for Proj. Mgt.
4828DX	1	Misys Homecare POC Impl Pkg Up to 134 Hrs (51-100users) Implementation Services include instruction/guidance on setup, testing, training, and project management. Estimated distribution of hours: (16) for Clinical Planning Session, (62) for POC Application Training sessions, (16) for POC Follow Up, and (40) for Project Management
11023D	1	Misys Homecare Problem List Charting
11027	64	Misys Homecare Additional Project Mgt Hours