| A. NAME & PHONE OF CONTACT AT FILER [optional] | | | | |
|---|--|---|---|------------------------------------|
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) | JAC | | | |
| Corporation Service Company 801 ADLAI STEVENSON DRIVE Springfield, IL 62703 | | | | |
| | | | | |
| 912061-9 | THE ABOVE | E SPACE IS FO | R FILING OFFICE USE | ONLY |
| . DEBTOR'S EXACT FULL LEGAL NAME - insertionly one debtor name (| 1a or 1b) - do not abbreviate or combine names | ** | | |
| 1a. ORGANIZATION'S NAME | | _ | | • |
| Rhode Island Department of Mental Heal The Normal Research (15.1NDIVIDUAL'SLASTNAME | alth, Retardation and Hospit | | S MIDDLE NAME | |
| | , , , , , , , , , , , , , , , , , , , | WIDDEL | IAVINE | SÜFFIX |
| c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | | | | |
| .4 Harrington Road | Cranston | RI | 02920-3080 | LUSA |
| d. SEE INSTRUCTIONS ADD'L INFO RE 1e, TYPE OF ORGANIZATI | | | 02920-3080 ANIZATIONAL ID#, if any | USA |
| ORGANIZATION GOVAG | ON 1f. JURISDICTION OF ORGANIZATION RI | 1g. ORG. | 1 | USA |
| d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR GOVAG C. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert on | ON 1f. JURISDICTION OF ORGANIZATION RI | 1g. ORG. | 1 | |
| d. SEE INSTRUCTIONS ADD'L INFO RE 1e. TYPE OF ORGANIZATION DEBTOR GOVAG | ON 1f. JURISDICTION OF ORGANIZATION RI | 1g. ORG. | 1 | |
| ADD'L INFO RE ORGANIZATION DEBTOR GOVAG ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert on 2a. ORGANIZATION'S NAME | ON 1f. JURISDICTION OF ORGANIZATION RI | 1g. ORG. none nbine names | ANIZATIONAL ID#, if any | NON |
| ADD'L INFO RE ORGANIZATION OF | If. JURISDICTION OF ORGANIZATION RI ly one debtor name (2a or 2b) - do not abbreviate or con | 1g. ORG. | ANIZATIONAL ID#, if any | |
| ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert on 2a. ORGANIZATION'S NAME R 2b. INDIVIDUAL'S LAST NAME Slater | If. JURISDICTION OF ORGANIZATION RI Ny gne debtor name (2a or 2b) - do not abbreviate or con | 1g. ORG. none nbine names | ANIZATIONAL ID#, if any | NON |
| ADD'L INFO RE ORGANIZATION DEBTOR GOVAG ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert on 2a. ORGANIZATION'S NAME R 2b. INDIVIDUAL'S LAST NAME Slater MAILING ADDRESS | If JURISDICTION OF ORGANIZATION RI ly one debtor name (2a or 2b) - do not abbreviate or con FIRST NAME Eleanor | 1g ORG none none mine names Middle | NAME POSTAL CODE | SUFFIX |
| d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR GOVAG ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME insert on 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME Slater C. MAILING ADDRESS L11 Howard Ave ADD'L INFO RE ORGANIZATION ADD'L INFO RE ORGANIZATION | IN If JURISDICTION OF ORGANIZATION RI Ny one debtor name (2a or 2b) - do not abbreviate or con FIRST NAME Eleanor CITY Cranston | 1g ORG none none mine names MIDDLE STATE RI | ANIZATIONAL ID #, if any | NON |
| d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR GOVAG ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME insert on 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME Slater C. MAILING ADDRESS L11 Howard Ave ORGANIZATION AND DEBTOR 2a. TYPE OF ORGANIZATION DEBTOR | If JURISDICTION OF ORGANIZATION RI ly one debtor name (2a or 2b) - do not abbreviate or con FIRST NAME Eleanor CITY Cranston ON 2f. JURISDICTION OF ORGANIZATION | 1g ORG none none mine names MIDDLE STATE RI | NAME POSTAL CODE 02920 | SUFFIX COUNTRY USA |
| ADD'L INFO RE ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME insert on 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME Slater c. MAILING ADDRESS 11 Howard Ave ORGANIZATION AND ADD'L INFO RE ORGANIZATION DEBTOR ADD'L INFO RE ORGANIZATION DEBTOR | If JURISDICTION OF ORGANIZATION RI ly one debtor name (2a or 2b) - do not abbreviate or con FIRST NAME Eleanor CITY Cranston ON 2f. JURISDICTION OF ORGANIZATION | 1g ORG none none mine names MIDDLE STATE RI | NAME POSTAL CODE 02920 | SUFFIX COUNTRY USA |
| ADD'L INFO RE ORGANIZATION DEBTOR'S EXACT FULL LEGAL NAME insert on 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME C. MAILING ADDRESS 11 Howard Ave d. SEEINSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR ADD'L INFO RE ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN 3a. ORGANIZATION'S NAME | If JURISDICTION OF ORGANIZATION RI ly one debtor name (2a or 2b) - do not abbreviate or con FIRST NAME Eleanor CITY Cranston ON 2f. JURISDICTION OF ORGANIZATION | 1g ORG none none mine names MIDDLE STATE RI | NAME POSTAL CODE 02920 | SUFFIX COUNTRY USA |
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| ADD'L INFO RE ORGANIZATION GOVAG ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME Insert on 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME Slater c. MAILING ADDRESS 11 Howard Ave d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR ADD'L INFO RE ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN BEHRING, INC) 3a. ORGANIZATION'S NAME DADE BEHRING, INC 3b. INDIVIDUAL'S LAST NAME | If JURISDICTION OF ORGANIZATION RI ly one debtor name (2a or 2b) - do not abbreviate or con FIRST NAME Eleanor CITY Cranston ION 2f. JURISDICTION OF ORGANIZATION NOR S/P) - insertonly one secured party name (3a or 3b) FIRST NAME | 1g ORG none none MIDDLE STATE R I 2g. ORG | NAME POSTAL CODE 02920 ANIZATIONAL ID #, if any | SUFFIX COUNTRY USA |
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| ALTERNATIVE DESIGNATION [if applicable]: LESSEE. | | E/CONSIGNOR | BAILEE/BAILOR | SELLER/BUYER | AG. LIEN | NON-UCC FILING |
|--|-----------------|--------------------|------------------|------------------|-------------|-------------------|
| This FINANCING STATEMENT is to be filed [for record] (ESTATE RECORDS. Attach Addendum | | 7. Check to REQUES | ST SEARCH REPORT | (S) on Debtor(s) | | |
| 8. OPTIONAL FILER REFERENCE DATA | [if applicable] | IADDITIONAL FEE | <u> </u> | ptional] | All Debtors | Debtor 1 Debtor 2 |
| O. OF HONAL FILER REPERENCE DATA | | | | | | |

RI-Secretary Of State