

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

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 We Care RX, LLC				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 678 Park Avenue, Unit 2		CITY Cranston	STATE RI	POSTAL CODE 02910
		COUNTRY USA		
ADD'L INFO RE ORGANIZATION DEBTOR		1e. TYPE OF ORGANIZATION LLC	1f. JURISDICTION OF ORGANIZATION Rhode Island	1g. ORGANIZATIONAL ID#, if any 000693338 <input 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				
OR				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
		COUNTRY		
ADD'L INFO RE ORGANIZATION DEBTOR		2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID#, if any <input 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 McKesson Corporation				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 280 Dividend Road		CITY Rocky Hill	STATE CT	POSTAL CODE 06067
		COUNTRY USA		

4. This FINANCING STATEMENT covers the following collateral:

"All of Debtor's equipment and fixtures, inventory and accounts receivable, contract rights and chattel paper and general intangibles, now in existence or hereafter acquired and arising as more specifically set forth on Exhibit A attached hereto and made a part hereof."

"Debtor hereby grants to McKesson Corporation a purchase money security interest in all products purchased from McKesson Corporation and shipped to any of the Debtor's locations to secure payment of the purchase price for such products and all related charges."

X Proceeds of Collateral are also covered

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		
8. OPTIONAL FILER REFERENCE DATA		[ADDITIONAL FEE] [optional]		

McKESSON
Exhibit A
McKesson Corp.

Description of Collateral:

1. All present and future accounts, contract rights and general intangibles, including all cash, accounts receivable, insurance proceeds (as used in the Security Agreement "accounts"), and all right, title, and interest in and to prescription files.
2. All present and future inventory held for resale or lease including, without limiting the generality of the foregoing:
 - all drugs (prescription stock & proprietaries), toiletries, cosmetics, and disposable medical supply items.
 - durable medical equipment and supplies inventory including items involving respiratory aids, home convalescent aids, and nutritional therapy.
3. All present and future equipment, fixtures and property used by Debtor in its business including, without limiting the generality of the foregoing, all display cases, gondolas, paneling, shelving, sinks, cabinets, furniture, signs, typewriters, cash registers, computers, safes, and fountain and refrigeration equipment.

Locations of Collateral: (Show complete legal & trade name(s) & full street address(es) including county, state, & zip code)
(If fixtures involved, include legal description of real property)

WECARE RX, LLC
678 Park Avenue, Unit 2
Cranston, RI 02910