

UCC-1 Form

FILER INFORMATION

Full name: ANNEMARIE FEELEY *Phone:* 401-233-4721

CONTACT INFORMATION

Contact name: NAVIGANT CREDIT UNION

Street #1: MEMBER BUSINESS LENDING

Street #2: 1005 DOUGLAS PIKE

City: SMITHFIELD *State:* RI *ZIP:* 02917 *Country:* USA

Notification Method: E-MAIL *Email:* AFEELEY@NAVIGANTCU.ORG

DEBTOR INFORMATION

Org. Name: OPTIMIZED MEDICAL LLC

Mailing Address1: 409 ALBION ROAD

City: LINCOLN *State:* RI *ZIP:* 02917 *Country:* USA

SECURED PARTY INFORMATION

Org. Name: NAVIGANT CREDIT UNION

Mailing Address1: 1005 DOUGLAS PIKE

City: SMITHFIELD *State:* RI *ZIP:* 02917 *Country:* USA

TRANSACTION TYPE: STANDARD
COLLATERAL IS / ADMINISTERED BY:
ALTERNATIVE DESIGNATION:

COLLATERAL

Any and all fixtures, machinery, equipment and other personal property of every kind, now or hereinafter located in or upon or affixed to the Premises or Improvements located at 409 Albion Road, Lincoln, RI 02865 attached hereto, or any part thereof, or now or hereafter used or to be used in connection with any present or future operation of the Premises or Improvements, or any part thereof, now owned or hereafter acquired by Mortgagor, or in which Mortgagor now or hereafter has an interest, including, without limitation, any and all

- (i) fixtures, appliances, furniture, equipment, furnishings or other personal property now owned or hereinafter acquired by the Mortgagor, and Mortgagor's interest in any fixtures, appliances, furniture, equipment under lease or otherwise, and used in connection with or located on the Premises:
- (ii) all permits, licenses and approvals granted, given or issued in connection with the occupancy, use and operation of the Premises:
- (iii) all books and records relating to the operation and maintenance of the Premises and
- (iv) all materials, supplies and improvements thereon whether or not same are located on the Premises and Mortgagor does hereby grant and convey to Mortgagor a security interest therein.