

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 11033 - BB&T	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	60689744 RIRI
File with: Secretary of State, RI	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a ORGANIZATION'S NAME SPECIALIZED ORTHOPEDIC PHYSICAL THERAPY, INC.				
OR	1b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
1c MAILING ADDRESS 250a centerville road		CITY warwick	STATE RI	POSTAL CODE 02886
			COUNTRY USA	

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a ORGANIZATION'S NAME				
OR	2b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
2c MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

3 SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only one Secured Party name (3a or 3b)

3a ORGANIZATION'S NAME BB&T Commercial Equipment Capital Corp.				
OR	3b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
3c MAILING ADDRESS 2 Great Valley Parkway, SUITE 300		CITY MALVERN	STATE PA	POSTAL CODE 19355
				COUNTRY USA

4. COLLATERAL This financing statement covers the following collateral:

GOODS, SOFTWARE AND EQUIPMENT FINANCED BY SECURED PARTY THROUGH "PURCHASE MONEY" OR LEASE TRANSACTIONS (COLLECTIVELY, "CREDITOR FINANCED GOODS") WHETHER NOW EXISTING OR HEREAFTER IN EXISTENCE, BEING EITHER:

A. GOODS WHICH ARE THE SUBJECT OF EXISTING AND FUTURE LEASING AGREEMENTS BETWEEN DEBTOR AS LESSEE AND SECURED PARTY AS LESSOR, OR

B. GOODS ACQUIRED BY DEBTOR THROUGH CASH ADVANCES OR CREDIT PROVIDED BY SECURED PARTY.

CREDITOR FINANCED GOODS SHALL INCLUDE, WITHOUT LIMITATION:

(I) VEHICLES, TOOLS, AND APPLIANCES;

(II) THE FOLLOWING TYPES OF EQUIPMENT AND MACHINERY: COMPUTER, CONSTRUCTION, INDUSTRIAL, MANUFACTURING, SEWING AND EMBROIDERY, MEDICAL, VETERINARY, DENTAL, PRINTING, TELEPHONE, GRAPHIC EQUIPMENT, WOODWORKING, FURNITURE, LANDSCAPING, STENOGRAPH/TRANSCRIPTION, HVAC, VIDEO/SECURITY/AUDIO, FIBER OPTICS, PROPANE TANKS, ENERGY MANAGEMENT, SOLAR ENERGY EQUIPMENT, MARKETING/SIGNAGE, SEGWAYS, MATERIAL HANDLING/LIFTS, RESTAURANT, GAMING EQUIPMENT, PARTY AND OFFICE EQUIPMENT AND MACHINERY;

(III) ALL SUBSTITUTIONS AND REPLACEMENTS FOR THE FOREGOING ITEMS, AND ACCESSIONS THERETO, ATTACHMENTS, AND OTHER ADDITIONS TO SUCH SCF FINANCED GOODS, ALL PRODUCTS AND ALL PROCEEDS THEREOF (INCLUDING INSURANCE PROCEEDS).

(IV) ALL SOFTWARE RELATED TO THE CREDITOR FINANCED GOODS.

5 Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:
 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:
 Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable) Lessee/Lessor Consignee/Consignor Seller/Buyer Bailor/Baior Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:
60689744 ref 18/2912

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement, if line 1b was left blank because Individual Debtor name did not fit, check here

18a. ORGANIZATION'S NAME SPECIALIZED ORTHOPEDIC PHYSICAL THERAPY, INC.	
OR	
18b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME				
OR				
19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
19c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME				
OR				
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
20c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME				
OR				
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

22. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME LEAR FINANCIAL CORPORATION				
OR				
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
22c. MAILING ADDRESS 146 ANTON ROAD	CITY WYNNEWOOD	STATE PA	POSTAL CODE 19096	COUNTRY USA

23. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME				
OR				
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

24 MISCELLANEOUS 60689744 RI 0 11033 - BB&T Commercial Equi LEAR FINANCIAL CORPORATION Fte with Secretary of State, RI ref 18/2912