

UCC FINANCING STATEMENT AMENDMENT

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) 10011 - BANK OF <div style="display: flex; justify-content: space-between; align-items: flex-start; padding: 10px;"><div style="width: 45%;"><p>Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</p></div><div style="width: 50%; text-align: center;"><p>63441868</p><p>RIRI</p></div></div>				
File with: Secretary of State, RI			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	

1a. INITIAL FINANCING STATEMENT FILE NUMBER
201515109350 5/18/2015 SS RI

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS
File: Each Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

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

3. ☐ **ASSIGNMENT (full or partial):** Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

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

5. ☐ **PARTY INFORMATION CHANGE:**
Check one of these two boxes: ☐ Debtor or ☐ Secured Party of record **AND** Check one of these three boxes to:
CHANGE name and/or address: Complete ☐ item 6a or 6b, and item 7a or 7b and item 7c ☐ ADD name: Complete item 7a or 7b, and item 7c ☐ DELETE name: Give record name to be deleted in item 6a or 6b

6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX

7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (Use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME			
OR 7b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST PERSONAL NAME		
INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S)			SUFFIX

7c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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8. ☒ **COLLATERAL CHANGE:** Also check one of these four boxes. ☐ ADD collateral ☒ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral
Indicate collateral.
Partial release - see attached Exhibit A

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)
If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME Bank of America, N.A.			
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX

10. **OPTIONAL FILER REFERENCE DATA:** Debtor Name: NEUROHEALTH, INC.
63441868

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form

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12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME

Bank of America, N.A.

OR

12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see instructions if name does not fit

13a. ORGANIZATION'S NAME

NEUROHEALTH, INC.

OR

13b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

Debtor Name and Address:

NEUROHEALTH, INC. - 227 Centerville Rd , Warwick, RI 02886-4394

Secured Party Name and Address:

Bank of America, N.A. - 1075 Main Street , Waltham, MA 02451

15. This FINANCING STATEMENT AMENDMENT.

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17
(if Debtor does not have a record interest):

17. Description of real estate:

18. MISCELLANEOUS: 63441868-RI-0 10011 - BANK OF AMERICA CB O

Bank of America, N.A.

File with: Secretary of State, RI

**EXHIBIT A
TO
UCC-3 AMENDMENT OF FILING NUMBER 201515109359
NAMING
NEUROHEALTH, INC. AS DEBTOR, AND BANK OF AMERICA, N.A., AS SECURED
PARTY**

RELEASED COLLATERAL

Capital Equipment

Chattanooga cold laser
XLTEK ultrasound unit
Excel ultrasound unit
Mettler electronic ultrasound unit - variable US heads
Chattanooga combo US/Estim/Biofeedback unit
Excel isotron III e stim - 2 channel
Excel ultra III HV - combo US/Estim
Excel isotron III e stim unit
Dynatron mechanical traction with laser
2ea. Hi-low plinths
2ea. low mats
2ea. Vision Fitness treadmills
1ea. Vision Fitness elliptical
2ea. Vision Fitness recumbent bikes
1ea. Schwinn UBE
1ea. Vision Fitness elliptical
1ea. Admiral clothes dryer
1ea. LG clothes washer
1ea. Whirlpool freezer
1ea. Frigidaire refrigerator
1ea. Chattanooga hydroculator
1 ea. Manual Wheelchair
1ea. Manual Wheelchair
1ea. U-step walker
1ea. Standard walker
2ea. Front wheeled walkers
1ea. Rollator
1ea. Quad cane
1ea. Standard cane
1ea. Loft strand crutches
1ea. Auxillary crutches
1ea. Hemi-walker
11ea. Office Chairs
12ea. Waiting room chairs
7ea. Plinths
2ea. Microwave ovens
1ea. Toaster
1ea. Keurig coffee maker
2ea. Bosu

Steps - various heights
Multiple sets of hand weights

Supplies

Supplies for sale	Qty
Wrist splints	99
Plantar fascia straps	11
Lumbar support braces	10
Heel lifts	22
Theracanes	10
Tempurpedic pillows	13
Rollers	7
Cervical Ice Packs	6
Lumbar Ice Packs	9
Small Biofreeze	10
Large Biofreeze	6
Ankle Weights	2