

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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|---|
| A NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 |
| B E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com |
| C SEND ACKNOWLEDGMENT TO (Name and Address) 1660 17633 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 filingacks@cscinfo.com Filed In: Rhode Island (S.O.S.) |

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 CVS PHARMACY, INC. | | | | |
| OR | 1b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c MAILING ADDRESS | 9143 PHILIPS HWY #533 | CITY JACKSONVILLE | STATE FL | POSTAL CODE 32256 |
| | | | | 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 or ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | |
|--|-------------------------|---------------------|-------------------------------|-------------------|
| 3a ORGANIZATION'S NAME B. BRAUN MEDICAL INC. | | | | |
| OR | 3b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c MAILING ADDRESS | 824 TWELFTH AVENUE | CITY BETHLEHEM | STATE PA | POSTAL CODE 18018 |
| | | | | COUNTRY USA |

4 COLLATERAL This financing statement covers the following collateral:
ALL IV INFUSION PUMPS AND ACCESSORIES, COMPOUNDING EQUIPMENT AND ACCESSORIES AND DIALYSIS MACHINES AND ACCESSORIES LEASED FROM SECURED PARTY TO DEBTOR, AND THE PROCEEDS OF ANY SALE, ASSIGNMENT, LEASE, SUBLEASE OR OTHER DISPOSITION THEREOF, ANY INSURANCE PROCEEDS, AND ANY OTHER RIGHTS OF DEBTOR IN AND TO SUCH MEDICAL EQUIPMENT AND ACCESSORIES AND/OR THEIR PROCEEDS.

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 Transacting 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 Bailee/Bailor Licensee/Licensee

8 OPTIONAL FILER REFERENCE DATA :1/PC1000 48M 7/1/19

1660 17633