

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **WOLTERS KLUWER LIEN SOLUTIONS**

*Email Contact at Filer:* **CTLSWEBACK@WOLTERSKLUWER.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **LIEN SOLUTIONS**

*Mailing Address:* **P.O. Box 29071**

*City, State Zip Country:* **GLENDALE, CA 91209-9071 USA**

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## DEBTOR INFORMATION

*Org. Name:* **THE RHODE ISLAND EYE INSTITUTE LLC**

*Mailing Address:* **150 EAST MANNING ST.**

*City, State Zip Country:* **PROVIDENCE, RI 02906 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **ASD SPECIALTY HEALTHCARE, LLC DBA BESSE MEDICAL**

*Mailing Address:* **9075 CENTRE POINTE DRIVE, SUITE 140**

*City, State Zip Country:* **WEST CHESTER, OH 45069-4891 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-70633274-57356360**

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## COLLATERAL

CUSTOMER GRANTS TO BESSE MEDICAL A PURCHASE MONEY SECURITY INTEREST IN INVENTORY AND A LIEN UPON AND SECURITY INTEREST IN ALL ITS PERSONAL PROPERTY AND ANY AND ALL ADDITIONS, SUBSTITUTIONS, ACCESSIONS AND PROCEEDS THERETO OR THEREOF, WHEREVER LOCATED, AND NOW OWNED OR HEREAFTER ACQUIRED OR ARISING, INCLUDING THE FOLLOWING (COLLECTIVELY, THE "COLLATERAL"): ALL OF CUSTOMER'S (A) ACCOUNTS; (B) INVENTORY; (C) CHATTEL PAPER; (D) COMMERCIAL TORT CLAIMS AS DISCLOSED ON CUSTOMER'S FINANCIAL STATEMENTS; (E) DEPOSIT ACCOUNTS; (F) DOCUMENTS; (G) EQUIPMENT; (H) GENERAL INTANGIBLES; (I) GOODS; (J) INSTRUMENTS; (K) INVESTMENT PROPERTY; (L) LETTER OF CREDIT RIGHTS; (M) INSURANCE ON ALL OF THE FOREGOING AND THE PROCEEDS OF THAT INSURANCE; (N) CUSTOMER'S MONEY AND OTHER PROPERTY OF EVERY KIND AND NATURE NOW OR AT ANY TIME OR TIMES HEREAFTER IN THE POSSESSION OF OR UNDER THE CONTROL OF BESSE MEDICAL; AND (O) THE CASH PROCEEDS, NONCASH PROCEEDS AND PRODUCTS OF ALL OF THE FOREGOING AND THE PROCEEDS OF OTHER PROCEEDS. ALL CAPITALIZED TERMS USED BUT NOT DEFINED HEREIN HAVE THE MEANINGS GIVEN TO THEM IN THE UNIFORM COMMERCIAL CODE AS IN EFFECT IN ANY JURISDICTION IN WHICH ANY OF THE COLLATERAL MAY AT THE TIME BE LOCATED (THE "UCC").