UCC-1 Form

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**

DEBTOR INFORMATION

Org. Name: **NHCC MEDICAL ASSOCIATES, INC.**

Mailing Address: **11 FRIENDSHIP STREET**

City, State Zip Country: **NEWPORT, RI 02840 USA**

SECURED PARTY INFORMATION

Org. Name: **INTEGRATED COMMERCIALIZATION SOLUTIONS, LLC**

Mailing Address: **5025 PLANO PARKWAY**

City, State Zip Country: **CARROLLTON, TX 75010 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-71094353-57537980

COLLATERAL

CUSTOMER GRANTS TO INTEGRATED COMMERCIALIZATION SOLUTIONS, LLC, 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 INTEGRATED COMMERCIALIZATION SOLUTIONS, INC., 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").