

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| | |
|---|-----------------------------------|
| 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 <i>rimgacks@cscinfo.com</i> | |
| 1711 92809 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 | 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 PRIME HEALTHCARE SERVICES - LANDMARK LLC | | | | | |
| OR | 1b INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c MAILING ADDRESS 115 CASS AVE | | CITY WOONSOCKET | STATE RI | POSTAL CODE 02895 | 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 Canon Financial Services, Inc. | | | | | |
| OR | 3b INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c MAILING ADDRESS 158 Gaither Drive | | CITY Mt. Laurel | STATE NJ | POSTAL CODE 08054 | COUNTRY USA |

4 COLLATERAL: This financing statement covers the following collateral: All of the Debtor's rights, title and interest whatsoever in and to the following; whether now or hereafter existing or acquired and wherever located: (i) Canon XN2000 200 BPR Hematology Analyzer with Wagon (the "Equipment"); (ii) all attachments, accessories and accessions to, substitutions and replacement for, and products of the Equipment; (iii) all insurance, warranty and other claims against third parties with respect to the Equipment (including claims for rent upon any lease of the Equipment); (iv) all rights to chattel paper arising from the Equipment; (v) all software and other intellectual property rights used or useful in connection therewith; (vi) all proceeds (including insurance proceeds) of the foregoing; and (vii) all books and records regarding the foregoing.

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| 5 Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust; (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative | |
| 6a Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility | 6b Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing |
| 7 ALTERNATIVE DESIGNATION (if applicable) <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailor/Bailor <input type="checkbox"/> Licensee/Licensor | |
| 8 OPTIONAL FILER REFERENCE DATA | |

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