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: **MEDICAL HOMES OF RHODE ISLAND, INC.**

Mailing Address: **49 OLD POCASSET RD**

City, State Zip Country: **JOHNSTON, RI 029193111 USA**

SECURED PARTY INFORMATION

Org. Name: **U.S. BANK EQUIPMENT FINANCE**

Mailing Address: **1310 MADRID STREET**

City, State Zip Country: **MARSHALL, MN 56258 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-73731080-58548633

COLLATERAL

1 COPIERS TA6052CI W2D8503775BW; 1 COPIERS-CPC TA6052CI W2D8503775COLOR; 1 COPIERS C6160 50639270E0R7RBW; 1 COPIERS-CPC C6160 50639270E0R7RCOLOR; 1 COPIERS TA5003I RFU9702711BW; 1 COPIERS TA5003I RFU9702433BW; 1 COPIERS XC4140 75256310F4962BW; 1 COPIERS-CPC XC4140 75256310F4962COLOR; 1 COPIERS XM3250 7018934306H7GBW; 1 COPIERS C4150 50289070F3TG4BW; 1 COPIERS TA5003I RFU9702700BW; 1 COPIERS C4150 S50289070F3T6LBW; 1 COPIERS-CPC C4150 S50289070F3T6LCOLOR; 1 COPIERS M3250 460083200B9F2BW; 1 COPIERS XC4140 S7528620010779BW; 1 COPIERS-CPC XC4140 S7528620010779COLOR; 1 COPIERS XM3250 7018934306H87BW; TOGETHER WITH ALL REPLACEMENTS, PARTS, REPAIRS, ADDITIONS, ACCESSIONS AND ACCESSORIES INCORPORATED THEREIN OR AFFIXED OR ATTACHED THERETO AND ANY AND ALL PROCEEDS OF THE FOREGOING, INCLUDING, WITHOUT LIMITATION, INSURANCE RECOVERIES: