

UCC-1 Form

FILER INFORMATION

Full name: **CORPORATION SERVICE COMPANY**

Email Contact at Filer: **RISOSUCCFILINGSV3@CSCGLOBAL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CORPORATION SERVICE COMPANY**

Mailing Address: **801 ADLAI STEVENSON DRIVE**

City, State Zip Country: **SPRINGFIELD, IL 62703 USA**

DEBTOR INFORMATION

Org. Name: **BROWN MEDICINE**

Mailing Address: **110 ELM STREET, FLOOR 2**

City, State Zip Country: **PROVIDENCE, RI 02903 USA**

SECURED PARTY INFORMATION

Org. Name: **GE HFS, LLC**

Mailing Address: **12854 KENAN DRIVE, SUITE # 201**

City, State Zip Country: **JACKSONVILLE, FL 32258 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 690841807-1 - 30171 1872 17017

COLLATERAL

ONE(1) GE HEALTHCARE LOGIQ P9 ULTRASOUND TOGETHER WITH (I) ALL SUBSTITUTIONS FOR, AND PRODUCTS AND PROCEEDS OF ANY OF THE FOREGOING PROPERTY, (II) ALL ACCESSIONS THERETO, (III) ALL ACCESSORIES, ATTACHMENTS, PARTS, EQUIPMENT AND REPAIRS NOW OR HEREAFTER ATTACHED OR AFFIXED TO OR USED IN CONNECTION WITH ANY OF THE FOREGOING PROPERTY, (IV) ALL WAREHOUSE RECEIPTS, BILLS OF LADING AND OTHER DOCUMENTS OF TITLE NOW OR HEREAFTER COVERING ANY OF THE FOREGOING PROPERTY, AND (V) ALL INSURANCE AND/OR OTHER PROCEEDS OF ANY TYPE OF THE FOREGOING PROPERTY.