

# UCC-1 Form

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## 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

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## DEBTOR INFORMATION

*Org. Name:* NKI ENTERPRISES, INC.

*Mailing Address:* 1057 MINERAL SPRING AVE

*City, State Zip Country:* NORTH PROVIDENCE, RI 02904 USA

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## SECURED PARTY INFORMATION

*Org. Name:* CARDINAL HEALTH 110 LLC, AS AGENT

*Mailing Address:* 7000 CARDINAL PLACE

*City, State Zip Country:* DUBLIN, OH 43017 USA

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: 1978 91740**

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## COLLATERAL

ALL BUSINESS ASSETS, INCLUDING BUT NOT LIMITED TO, GOODS, EQUIPMENT, INVENTORY, ACCOUNTS, ACCOUNTS RECEIVABLE, CHATTEL PAPER, INSTRUMENTS, INVESTMENT PROPERTY AND ALL GENERAL INTANGIBLES, BOOKS AND RECORDS, COMPUTER PROGRAMS AND RECORDS, AND OTHER PERSONAL PROPERTY, TANGIBLE OR INTANGIBLE, RELATED TO ANY OF THE FOREGOING (INCLUDING, WITHOUT LIMITATION, ALL PRESCRIPTION FILES, PATIENT LISTS, SIGNS, APPLIANCES, CASH REGISTERS, COMPUTERS, COMPUTER SOFTWARE, SHELVING, CHECK-OUT COUNTERS, COMPRESSORS, FREEZERS, COOLERS, DISPLAY CASES, CUSTOMER RECORDS, SUNDRIES, TOBACCO PRODUCTS, PRESCRIPTION AND OVER-THE-COUNTER PHARMACEUTICAL PRODUCTS, HEALTH AND BEAUTY AIDS, HOME HEALTHCARE PRODUCTS AND GENERAL MERCHANDISE AND SUPPLIES); ALL ACCESSIONS AND ADDITIONS TO, SUBSTITUTIONS FOR, AND REPLACEMENTS OF ANY OF THE FOREGOING; ALL PROCEEDS OR PRODUCTS OF ANY OF THE FOREGOING; AND ALL RIGHTS TO PAYMENTS UNDER ANY INSURANCE OR WARRANTY, GUARANTY, OR INDEMNITY PAYABLE WITH RESPECT TO ANY OF THE FOREGOING (COLLECTIVELY, THE "COLLATERAL").