

# UCC-1 Form

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## 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:* **GLENDAL, CA 91209-9071 USA**

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## DEBTOR INFORMATION

*Org. Name:* **KDM ANESTHESIA SERVICES, LLC**

*Mailing Address:* **342 CONGRESS STREET**

*City, State Zip Country:* **WOONSOCKET, RI 02895 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **C T CORPORATION SYSTEM, AS REPRESENTATIVE**

*Mailing Address:* **330 N BRAND BLVD, SUITE 700; ATTN: SPRS**

*City, State Zip Country:* **GLENDAL, CA 91203 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-77376509-60053339**

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## COLLATERAL

DEBTOR GRANTS TO CREDITOR A SECURITY INTEREST IN ALL OF THE RIGHT, TITLE AND INTEREST OF DEBTOR IN AND TO ALL BUSINESS ASSETS INCLUDING, BUT NOT LIMITED TO ACCOUNTS RECEIVABLES, INVENTORY, INSTRUMENTS, EQUIPMENT, INTANGIBLES, ACCOUNTS, CHATTELS, PAPER, GOOD WILL, SPECIFIC PROPERTY AND ALL PROPERTY OF DEBTOR AND ALL PROCEEDS THEREOF (COLLECTIVELY, THE "COLLATERAL"). THIS SECURITY INTEREST IS GRANTED TO CREDITOR BY DEBTOR TO SECURE PERFORMANCE AND PAYMENT OF ALL OBLIGATIONS AND INDEBTEDNESS OF DEBTOR TO CREDITOR HEREUNDER AND AS SET FORTH HEREIN.