

# 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:* **WELLNORTH MEDICAL LLC**

*Mailing Address:* **1630 MINERAL SPRING AVENUE, SUITE 2**

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

---

## SECURED PARTY INFORMATION

*Org. Name:* **U.S. SMALL BUSINESS ADMINISTRATION**

*Mailing Address:* **2 NORTH 20TH STREET, SUITE 320**

*City, State Zip Country:* **BIRMINGHAM, AL 35203 USA**

---

## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: 2016 30955**

---

## COLLATERAL

ALL TANGIBLE AND INTANGIBLE PERSONAL PROPERTY, INCLUDING, BUT NOT LIMITED TO: (A) INVENTORY, (B) EQUIPMENT, (C) INSTRUMENTS, INCLUDING PROMISSORY NOTES (D) CHATTEL PAPER, INCLUDING TANGIBLE CHATTEL PAPER AND ELECTRONIC CHATTEL PAPER, (E) DOCUMENTS, (F) LETTER OF CREDIT RIGHTS, (G) ACCOUNTS, INCLUDING HEALTH-CARE INSURANCE RECEIVABLES AND CREDIT CARD RECEIVABLES, (H) DEPOSIT ACCOUNTS, (I) COMMERCIAL TORT CLAIMS, (J) GENERAL INTANGIBLES, INCLUDING PAYMENT INTANGIBLES AND SOFTWARE AND (K) AS-EXTRACTED COLLATERAL AS SUCH TERMS MAY FROM TIME TO TIME BE DEFINED IN THE UNIFORM COMMERCIAL CODE. THE SECURITY INTEREST BORROWER GRANTS INCLUDES ALL ACCESSIONS, ATTACHMENTS, ACCESSORIES, PARTS, SUPPLIES AND REPLACEMENTS FOR THE COLLATERAL, ALL PRODUCTS, PROCEEDS AND COLLECTIONS THEREOF AND ALL RECORDS AND DATA RELATING THERETO. 885198 8203