

UCC-1 Form

FILER INFORMATION

Full name: **NCS UCC SERVICES GROUP**

Email Contact at Filer: **UCC@NCSCREDIT.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **NCS UCC SERVICES GROUP**

Mailing Address: **729 MINER ROAD**

City, State Zip Country: **HIGHLAND HEIGHTS, OH 44124 USA**

DEBTOR INFORMATION

Org. Name: **EMMA PENDLETON BRADLEY HOSPITAL**

Mailing Address: **1011 VETERANS MEMORIAL PARKWAY**

City, State Zip Country: **RIVERSIDE, RI 02915 USA**

Org. Name: **BRADLEY HOSPITAL**

Mailing Address: **1011 VETERANS MEMORIAL PARKWAY**

City, State Zip Country: **RIVERSIDE, RI 02915 USA**

SECURED PARTY INFORMATION

Org. Name: **ZOLL MEDICAL CORPORATION**

Mailing Address: **269 MILL ROAD**

City, State Zip Country: **CHELMSFORD, MA 01824 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: NCS UCC #U274171

COLLATERAL

IN CONSIDERATION FOR THE EXTENSION OF CREDIT, DEBTOR HEREBY GRANTS A PURCHASE MONEY SECURITY INTEREST IN, AND ASSIGNS TO THE SECURED PARTY, ALL OF DEBTORS' RIGHT, TITLE AND INTEREST IN, TO AND UNDER THE COLLATERAL DESCRIBED IN THE FIRST PARAGRAPH OF SECTION II BELOW AS COLLATERAL TO SECURITY FOR THE PAYMENT AND PERFORMANCE OF ALL DEBTS, LIABILITIES AND OBLIGATIONS OF DEBTOR OF ANY KIND WHENEVER AND HOWEVER INCURRED TO SECURED PARTY, INCLUDING THE OBLIGATIONS (AS DEFINED BELOW). THE TERM "COLLATERAL" AS USED IN THIS AGREEMENT SHALL MEAN (A) THE EQUIPMENT DESCRIBED AS FOLLOWS PRODUCT DESCRIPTION, PART #, QUANTITY, SERIAL NUMBERS; AED PLUS, PS SERIES, W/AED CVR, LCD, NO VOICE RCDG, ENGLISH, 201000010201 1000, 25 (TWENTY FIVE), X20K318593 X20K318581 X20K318612 X20K318558 X20K318606 X20K318631 X20K318584 X20K318618 X20K318567 X20K318559 X20K318557 X20K318517 X20K318614 X20K318541 X20K318690 X20K318539 X20K318556 X20K318540 X20K318586 X20K318536 X20K318603 X20K318578 X20K318632 X20K318597 X20K318538 AND (B) ALL PROCEEDS THEREOF. THE TERM "OBLIGATIONS" AS USED IN THIS AGREEMENT SHALL MEAN AND INCLUDE THE INDEBTEDNESS RELATED TO THE PURCHASE OF THE EQUIPMENT DESCRIBED ABOVE.