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ANCING STATEMENT STRUCTIONS HONE OF CONTACT AT FILER (opers Kluwer Lien Solutions Phone ONTACT AT FILER (optronal) preturn@wolterskluwer.com KNOWLEDGMENT TO. (Name and Solutions Box 29071 ale, CA 91209-9071 File with: Secretary ANCING STATEMENT FILE NUMBER 030 10/8/2019 SS RI ATION Effectiveness of the Financing int MENT (full or partial): Provide name of all assignment, complete items 7 and 9 UATION: Effectiveness of the Financing of or the additional period provided by INFORMATION CHANGE:	Address) 47146 - HVS 78770 RIRI y of State, RI Statement identified above Assignee in item 7a or 7b, and also indicate affected	THE 1b. This FINA (or record hear grant) is terminated with respect to the second and address of Assignee in term 7c collateral in item 8	INCING STATEMEN field) in the REAL ES in Amendment Addendu county interest(s) of S	m (Form UCC3Ad) <u>und</u> pro	pe filed (for reco	ord) na in ilem 13
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affects 🛮 Debtor or 🔲 Secured Part	y of record tem i	NGE name and/or address: Complete 6a or 6b, <u>and</u> item 7a or 7b <u>and</u> dem 7	c ⊠ ADĐ name C c ⊠ 7a or 7b <u>and</u>	omplete item : DELE1 item 7c :] to be d	TE name Give r deleted in item 6a	
ECORD INFORMATION Complete to	r Party Information Change	- provide only one name (Ga or Gb)				
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OR ADDED INFORMATION: Complete to	Assignment or Party Information C	Change – provide only <u>one</u> hame (7a or 7b) (ise exact, fuli name, do no	flomit, modify, or abbreviale an	ry part of the Deblo	/s nume)
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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOL	LOW INSTRUCTIONS	ADDEND!	J 141			
11.1	NITIAL FINANCING STATEMENT FILE NUMBER. Same as item 1a on Amend	Iment form		ļ		
	921666030 10/8/2019 SSRI		:			
12.	NAME OF PARTY AUTHORIZING THIS AMENDMENT. Same as item 9 on Am	nendment form				
	128 ORGANIZATIONS NAME			1		
	HITACHI CAPITAL AMERICA CORP.					
	-					
OR						
	126 INDIVIDUAL'S SURNAME					
	FIRST PERSONAL NAME					
	PIKSI PENSUNAL NAME					
	ADJITIONAL NAME(S)INITIAL(S)		UFFIX			
	ADDITION SALE HARE ELEMENTALICAT	*	UFFIX			
13	Name of DERTOR or related fractions that were the second of the second o		4		PACE IS FOR FILING OFFICE US	
13.	Name of DEBTOR on related financing statement (Name of a current Debtor of one Deptor name (13a or 13b) (use exact, full name, do not omit, modify, or ab	record required obreviate any pa	tor indexing tof the Debt	purposes only in som or siname), see Instri	e filing offices - see Instruction item actions if name does not fit	13) Provide only
	130 ORGANIZATION'S NAME			•		
	UROLOGIC SPECIALISTS OF NEW ENGLAND, LLC					
OR	136 INDIVIDUAL'S SURNAYE	FIRST PERSON	AL NAME		AODITIONAL NAME(SVINITIAL(S)	SUFFIX
						ļ
14.	ADDITIONAL SPACE FOR ITEM 8 (Collateral)	1				
	otor Name and Address:					
	OLOGIC SPECIALISTS OF NEW ENGLAND, LLC - 207 Quaker		Warwick, I	RI 02893		
ВК	DWN UROLOGY, INC - 207 Quaker Lane , West Warwick, Rt 02	2893				
Sec	ured Party Name and Address:					
HIT	ACHI CAPITAL AMERICA CORP 7808 Creekridge Circle Ste :	250, Edina, N	AN 55439			
_						
15.	This FINANCING STATEMENT AMENDMENT		17 Descript	ion of real estate		
		is a fixture fling				
	Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):					
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			1			
18	MISCELLANEOUS 787/0566-78-0 47146 - HVSG HITACI	HI CAPITAL ANER	RICA CORP	Fire with Secretary of S	tate, RI 040-288/001-001 Initial	