UCC-1 Form

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: **GLENDALE, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **BAYSIDE ENDOSCOPY CENTER, LLC**

Mailing Address: **310 SEVEN SPRINGS WAY STE 500**

City, State Zip Country: **BRENTWOOD, TN 37027 USA**

SECURED PARTY INFORMATION

Org. Name: **OLYMPUS AMERICA INC.**

Mailing Address: **3500 CORPORATE PARKWAY**

City, State Zip Country: **CENTER VALLEY, PA 18034 USA**

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: SELLER-BUYER

CUSTOMER REFERENCE: RI-0-79683934-60982092

COLLATERAL

TWELVE (12)