

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: ST. ELIZABETH ASSISTED LIVING, L.P.

Mailing Address: 109 MELROSE ST

City, State Zip Country: PROVIDENCE, RI 02907 USA

SECURED PARTY INFORMATION

Org. Name: MCKESSON CORPORATION, FOR ITSELF AND AS COLLATERAL AGENT FOR EACH OF ITS AFFILIATES

Mailing Address: 6651 GATE PARKWAY

City, State Zip Country: JACKSONVILLE, FL 32256 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2089 93035

COLLATERAL

ALL ASSETS OF THE DEBTOR, WHEREVER LOCATED AND WHETHER NOW OR HEREAFTER EXISTING AND WHETHER NOW OWNED OR HEREAFTER ACQUIRED, OF EVERY KIND AND DESCRIPTION, TANGIBLE OR INTANGIBLE, INCLUDING WITHOUT LIMITATION ALL ACCESSIONS THERETO AND ALL PRODUCTS AND PROCEEDS THEREOF.