

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: SIMPSON'S PHARMACY, INC.

Mailing Address: 10 NEWPORT AVENUE

City, State Zip Country: PAWTUCKET, RI 02861 USA

SECURED PARTY INFORMATION

Org. Name: CARDINAL HEALTH 110, LLC, SUCCESSOR IN INTEREST TO KINRAY, LLC, AS AGENT

Mailing Address: 152-35 TENTH AVENUE

City, State Zip Country: WHITESTONE, NY 11357 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: SIMPSON'S PHARMACY, INC. 800248-1

COLLATERAL

ALL ASSETS OF THE DEBTOR, INCLUDING BUT NOT LIMITED TO, ACCOUNTS, ACCOUNTS RECEIVABLE/THIRD PARTY PAYMENTS NOW OWNED OR THAT MAY HEREAFTER ARISE, ALL INVENTORY, EQUIPMENT, FIXTURES, DOCUMENTS, INSTRUMENTS, PROMISSORY NOTES, FURNISHINGS, INSURANCE PAYMENTS AND PROCEEDS, PRESCRIPTION RECORDS, BANK ACCOUNTS, DEPOSIT ACCOUNTS, CASH ON HAND, TELEPHONE NUMBERS, CONTRACT RIGHTS, INSURANCE PROCEEDS, OR ANY OTHER TANGIBLES OR GENERAL INTANGIBLES RECEIVED UPON THE SALE OF ANY OF THE FOREGOING, AND THE PROCEEDS THEREON, NOW OWNED OR THAT MAY HEREAFTER ARISE.