

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 T1H				
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com 816982 004				
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="display: flex; justify-content: space-between;"><div style="width: 60%;"><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">2099 96352</div><div>CSC 801 Adlai Stevenson Drive Springfield, IL 62703</div></div><div style="width: 35%; text-align: right; vertical-align: bottom;">Filed In: Rhode Island (S.O.S.)</div></div>				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201921655430 10/4/2019			1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer: <u>SPR</u> Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13	
2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement				
3. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8				
4. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law				
5. <input type="checkbox"/> PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record AND Check <u>one</u> of these three boxes to: <div style="display: flex; justify-content: space-between; font-size: small;"><div>THIS CHANGE affects <input type="checkbox"/> CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b and item 7c</div><div><input type="checkbox"/> ADD name. Complete item 7a or 7b, and item 7c</div><div><input type="checkbox"/> DELETE name. Give record name to be deleted in item 6a or 6b</div></div>				
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)				
<div style="display: flex;"><div style="width: 5%; text-align: right;">6a</div><div>ORGANIZATION'S NAME XIMEDICA, LLC</div></div>				
<div style="display: flex;"><div style="width: 5%; text-align: right;">OR</div><div style="display: flex; justify-content: space-between;"><div style="width: 40%;">6b INDIVIDUAL'S SURNAME</div><div style="width: 20%;">FIRST PERSONAL NAME</div><div style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 15%;">SUFFIX</div></div></div>				
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name)				
<div style="display: flex;"><div style="width: 5%; text-align: right;">7a</div><div>ORGANIZATION'S NAME</div></div>				
<div style="display: flex;"><div style="width: 5%; text-align: right;">OR</div><div style="display: flex; justify-content: space-between;"><div style="width: 40%;">7b INDIVIDUAL'S SURNAME</div><div style="width: 20%;">INDIVIDUAL'S FIRST PERSONAL NAME</div><div style="width: 20%;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 15%;">SUFFIX</div></div></div>				
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">7c MAILING ADDRESS</div><div style="width: 15%;">CITY</div><div style="width: 10%;">STATE</div><div style="width: 15%;">POSTAL CODE</div><div style="width: 10%;">COUNTRY</div></div>				
8. <input type="checkbox"/> COLLATERAL CHANGE: Also check <u>one</u> of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor				
<div style="display: flex;"><div style="width: 5%; text-align: right;">9a</div><div>ORGANIZATION'S NAME PACIFIC WESTERN BANK</div></div>				
<div style="display: flex;"><div style="width: 5%; text-align: right;">OR</div><div style="display: flex; justify-content: space-between;"><div style="width: 40%;">9b INDIVIDUAL'S SURNAME</div><div style="width: 20%;">FIRST PERSONAL NAME</div><div style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 15%;">SUFFIX</div></div></div>				
10. OPTIONAL FILER REFERENCE DATA: Debtor: XIMEDICA, LLC - 2nd A&R LSA				

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