

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: **ILLUMINOSS MEDICAL, INC.**

Mailing Address: **993 WATERMAN AVE**

City, State Zip Country: **EAST PROVIDENCE, RI 02914-1314 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: 2138 75589

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.