

## UCC FINANCING STATEMENT AMENDMENT

## FOLLOW INSTRUCTIONS

<b>A NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> CSC 1-800-858-5294												
<b>B E-MAIL CONTACT AT FILER (optional)</b> SPRFiling@cscglobal.com												
<b>C SEND ACKNOWLEDGMENT TO (Name and Address)</b> filingacks@cscinfo.com 2131 01902 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 <div style="text-align: right;">Filed In: Rhode Island (S.O.S.)</div>												
<b>THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY</b>												
<b>1a INITIAL FINANCING STATEMENT FILE NUMBER</b> 202124965540 06/08/2021			<b>1b</b> <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13									
<b>2</b> <input type="checkbox"/> <b>TERMINATION</b> Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement.												
<b>3</b> <input checked="" type="checkbox"/> <b>ASSIGNMENT</b> (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												
<b>4</b> <input type="checkbox"/> <b>CONTINUATION</b> 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.												
<b>5</b> <input type="checkbox"/> <b>PARTY INFORMATION CHANGE</b> Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record <b>AND</b> Check <u>one</u> of these three boxes to: <input type="checkbox"/> CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b and item 7c. <input type="checkbox"/> ADD name. Complete item 7a or 7b and item 7c. <input type="checkbox"/> DELETE name. Give record name to be deleted in item 6a or 6b.												
<b>6 CURRENT RECORD INFORMATION</b> Complete for Party Information Change - provide only <u>one</u> name (6a or 6b) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;">6a ORGANIZATION'S NAME: CORPORATION SERVICE COMPANY, as REPRESENTATIVE</td></tr><tr><td style="width: 40%; padding: 5px;">OR 6b INDIVIDUAL'S SURNAME</td><td style="width: 30%; padding: 5px;">FIRST PERSONAL NAME</td><td style="width: 20%; padding: 5px;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 10%; padding: 5px;">SUFFIX</td></tr></table>					6a ORGANIZATION'S NAME: CORPORATION SERVICE COMPANY, as REPRESENTATIVE				OR 6b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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<b>7 CHANGED OR ADDED INFORMATION</b> 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. <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;">7a ORGANIZATION'S NAME: Prime Alliance Bank, Inc.</td></tr><tr><td style="width: 40%; padding: 5px;">OR 7b INDIVIDUAL'S SURNAME</td><td style="width: 30%; padding: 5px;">FIRST PERSONAL NAME</td><td style="width: 20%; padding: 5px;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 10%; padding: 5px;">SUFFIX</td></tr></table>					7a ORGANIZATION'S NAME: Prime Alliance Bank, Inc.				OR 7b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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<b>7c MAILING ADDRESS</b> 1868 S 500 W <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%; padding: 5px;">CITY Woods Cross</td><td style="width: 10%; padding: 5px;">STATE UT</td><td style="width: 20%; padding: 5px;">POSTAL CODE 84087</td><td style="width: 40%; padding: 5px;">COUNTRY USA</td></tr></table>					CITY Woods Cross	STATE UT	POSTAL CODE 84087	COUNTRY USA				
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<b>8</b> <input checked="" type="checkbox"/> <b>COLLATERAL CHANGE</b> 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 checked="" type="checkbox"/> ASSIGN collateral Indicate collateral: Assigned Collateral is further described on attached Exhibit A to Equipment Schedule No. 01 to Master Equipment Lease Agreement dated as of June 10, 2021, attached hereto and made a part hereof.												
<b>9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT</b> 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 <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;">9a ORGANIZATION'S NAME: CORPORATION SERVICE COMPANY, as REPRESENTATIVE</td></tr><tr><td style="width: 40%; padding: 5px;">OR 9b INDIVIDUAL'S SURNAME</td><td style="width: 30%; padding: 5px;">FIRST PERSONAL NAME</td><td style="width: 20%; padding: 5px;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 10%; padding: 5px;">SUFFIX</td></tr></table>					9a ORGANIZATION'S NAME: CORPORATION SERVICE COMPANY, as REPRESENTATIVE				OR 9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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<b>10 OPTIONAL FILER REFERENCE DATA</b> Debtor: Rhode Island PET Services, LLC - 32154-1 <span style="float: right;">2131 01902</span>												

## **EXHIBIT A**

### **EQUIPMENT DESCRIPTION**

Lease: Equipment Schedule No. 01 to Master Equipment Lease Agreement dated as of June 10, 2021.

Equipment Locations: Various - See Below

Siemens Medical Solutions USA, Inc. Invoice No(s). 75057190, 90413139, **PETCT System and AMST Coach:** RS Biograph mCT-S (40) – whole-body PET-CT Tomograph Model 10248668, Serial Number 60032 with: Asm PET 3 Ring Gantry - mCT, Model 10530192, Serial Number 6202; Mobile Install Kit, RTP Pallet, Hi-Rez PET Processing, ultraHD-PET, iMAR (AWP), DoseMAP, Keyboard English, Biograph Ge-68 Sources, Install Kit, Biograph Mobile Installation, teamplay Receiver Installation, Project Mgmt/Site Planning, NEMA XR-29 Standard, Los Contrast CT Phantom and Holder, MI PET Mobile Education Package, MI PET Project Management; Advanced Mobility by Kentucky Trailer, VIN: 1S9SC4828MS834757.

Including all additions, accessions, and attachments thereto, and all substitutions, replacements, and proceeds (including insurance proceeds) thereof.

Route schedule for the above referenced PETCT System and AMST Coach:

- Monday: Westerly Hospital 25 Wells St., Westerly, RI 02891
- Tuesday: Roger Williams Medical Center 825 Chalkstone Ave., Providence, RI 02908
- Wednesday: Roger Williams Medical Center 825 Chalkstone Ave., Providence, RI 02908
- Thursday: South County Hospital Healthcare 100 Kenyon Ave., Wakefield, RI 02879
- Friday: Kent County Memorial Hospital 455 Tollgate Rd., Warwick, RI 02886
- Saturday:
  - AM – Kent County Memorial Hospital 455 Tollgate Rd., Warwick, RI 02886
  - PM – 115 Cass Ave., Woonsocket, RI 02895
- Sunday: Westerly Hospital 25 Wells St., Westerly, RI 02891