RI SOS Filing Number: 202125533630 Date: 9/21/2021 3:59:00 PM

[redacted]

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141

B. E-MAIL CONTACT AT FILER (optional)
uccfilingreturn@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO (Name and Address) 11522 - OLYMPUS

Lien Solutions
P.O. Box 29071
Glendale, CA 91209-9071

82524845
RIRI

File with: Secretary of State, RI

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME
SOUTH COUNTY HOSPITAL HEALTHCARE SYSTEM

OR

1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
100 KENYON AVE	WAKEFIELD	RI	02879	USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME
Olympus America Inc.

OR

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3500 Corporate Parkway	Center Valley	PA	18034	USA

4. COLLATERAL: This financing statement covers the following collateral:
And all substitutions, replacements, additions, attachments & accessories thereto and proceeds thereof, now owned or hereafter acquired. This financing statement is filed for notice purposes only & the filing thereof shall not be deemed evidence of any intention to create a security interest under the Uniform Commercial Code.EQUIPMENT LISTING

Master Agreement Number 0008995
Schedule Number: 004

Seller/Supplier: Olympus America Inc.
Quote Number: Q-01145587

Quantity Model Number Description
Eight (8) GIF-HQ190 GIF-HQ190 EVIS EXERA III HDTV DF NBI
Eight (8) PCF-HQ190L SLIM COLONOSCOPE W/ DUAL FOCUS NBI
Two (2) MAJ-2319 TJF-Q190V Manual Reprocessing Adapter
One (1) GIF-XP190N GIF-XP190N ULTRA-SLIM SCOPE, 4-WAY, NBI

5. Check only if applicable and check only one box. Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box
☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box
☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable) ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA
82524845 0008995-004 938

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9 NAME OF FIRST DEBTOR. Same as line 1a or 1b on Financing Statement, if line 1b was left blank because Individual Debtor name did not fit, check here ☐

9a ORGANIZATION'S NAME
SOUTH COUNTY HOSPITAL HEALTHCARE SYSTEM

OR

9b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX

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10. DEBTOR'S NAME. Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a ORGANIZATION'S NAME

OR

10b INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX

10c MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME Provide only one name (11a or 11b)

11a ORGANIZATION'S NAME

OR

11b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX

11c MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY

12 ADDITIONAL SPACE FOR ITEM 4 (Collateral)

TJF-Q190V-L-KIT-T1 KIT COMPONENTS INCLUDE:
Two (2) TJF-Q190V TJF-Q190V Duodenovideoscope
Ten (10) KD-V631M-07202S* KD-V631M-07202S (EN) VN KD TOMES PRELOAD
Ten (10) B-V233P-A* B-V233P-A (OAI) VN
Two (2) G-260-2545A* VisiGlide 2 guidewire .25,450 cm angled

*Consumable Products:

13 ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:
☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest)

16. Description of real estate:

17 MISCELLANEOUS 82524845-RI 0 11522 OLYMPUS AMERICA INC Olympus America Inc File with Secretary of State, RI 0002995-004 938

Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

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11c MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)
Seller/Supplier. Olympus America Inc.
Rollover Equipment From Master Agreement Number 0008995 (FPP Schedule 003)

Quantity Model Number Description Serial Number
Five (5) MAJ-1918 MAJ-1918 REMOTE CABL
Five (5) MAJ-1916 MAJ-1916 CV INTERFAC
Four (4) MH-984 MH-984 RGB PRINTER C
One (1) OEP-5 HD OLYMPUS PRINTER A413214
One (1) GIF-2TH180 THERAPEUTIC 2 CHANNE 2400968

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16 Description of real estate.

17. MISCELLANEOUS 82524845-RI-0 11522 OLYMPUS AMERICA INC Olympus America Inc. File with Secretary of State, RI 0008995 004 938

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11c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

One (1) OEP-4 OEP-4 OLYMPUS COLOR A804257
One (1) OEP-4 OEP-4 OLYMPUS COLOR A904838
One (1) OEP-4 OEP-4 OLYMPUS COLOR A905622
One (1) OEV-261H OLYMPUS 26" FULL HD 7451467
One (1) OEV-261H OLYMPUS 26" FULL HD 7451466
One (1) OEV-261H OLYMPUS 26" FULL HD 7451491
One (1) CF-HQ190L CF-HQ190L EVIS EXERA 2875975
One (1) CF-HQ190L CF-HQ190L EVIS EXERA 2875997
One (1) CF-HQ190L CF-HQ190L EVIS EXERA 2876000

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12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)

One (1) OEP-5 OEP-5 HD OLYMPUS PRI A826914
One (1) OFP-2 OFP-2 FLUSHING PUMP 21852655
One (1) OFP-2 OFP-2 FLUSHING PUMP 21853464
One (1) OFP-2 OFP-2 FLUSHING PUMP 21854037
One (1) OFP-2 OFP-2 FLUSHING PUMP 21854040
One (1) BF-H190 BF-H190 EEIII HIGH D 2824539
One (1) BF-H190 BF-H190 EEIII HIGH D 2824540
One (1) PCF-PH190L PCF-PH190L ULTRASLIM 2841287

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