UCC-1 Form

FILER INFORMATION

Full name: **CSC**

Email Contact at Filer: **RISOSUCCFILINGSV3@CSCGLOBAL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CSC**

Mailing Address: **801 ADLAI STEVENSON DRIVE**

City, State Zip Country: **SPRINGFIELD, IL 62703 USA**

DEBTOR INFORMATION

Org. Name: **XIMEDICA, LLC**

Mailing Address: **55 DUPONT DR.**

City, State Zip Country: **PROVIDENCE, RI 02907 USA**

SECURED PARTY INFORMATION

Org. Name: **ANTARES CAPITAL LP, AS COLLATERAL AGENT**

Mailing Address: **500 WEST MONROE STREET**

City, State Zip Country: **CHICAGO, IL 60661 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: ANTARES/VERANEX : 623862 10

COLLATERAL

ALL ASSETS OF THE DEBTOR WHETHER NOW EXISTING OR HEREAFTER ARISING OR ACQUIRED, INCLUDING ALL PROCEEDS THEREOF.