

UCC-1 Form

FILER INFORMATION

Full name: **WOLTERS KLUWER LIEN SOLUTIONS**

Email Contact at Filer: **CTLSWEBACK@WOLTERSKLUWER.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **LIEN SOLUTIONS**

Mailing Address: **P.O. BOX 29071**

City, State Zip Country: **GLENDALE, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **RICBT, INC.**

Mailing Address: **300 CENTERVILLE ROAD STE 103W**

City, State Zip Country: **WARWICK, RI 02886 USA**

SECURED PARTY INFORMATION

Org. Name: **LEAF CAPITAL FUNDING, LLC**

Mailing Address: **2005 MARKET STREET 14TH FLOOR**

City, State Zip Country: **PHILADELPHIA, PA 19103 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-86136622-63674777

COLLATERAL

THE FOLLOWING ITEMS OF EQUIPMENT: [NEUROSTAR TMS SYSTEM] IN ADDITION, THE COLLATERAL ALSO SHALL INCLUDE ALL OF DEBTOR'S RIGHT, TITLE AND INTEREST (BUT NONE OF ITS OBLIGATIONS) IN, TO AND UNDER ANY AND ALL LEASES, RENTALS, ACCOUNTS, CHATTEL PAPER, CONTRACTS, CONTRACT RIGHTS, GENERAL INTANGIBLES AND PROCEEDS RESULTING FROM OR ATTRIBUTABLE TO THE RENTING OR LEASING OF THE EQUIPMENT AND ANY RELATED SECURITY DEPOSITS.