

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: **MIRIAM HOSPITAL**

Mailing Address: **164 SUMMIT AVENUE**

City, State Zip Country: **PROVIDENCE, RI 02906 USA**

SECURED PARTY INFORMATION

Org. Name: **INTUITIVE SURGICAL, INC.**

Mailing Address: **1020 KIFER ROAD**

City, State Zip Country: **SUNNYVALE, CA 94086 USA**

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: LESSEE-LESSOR

CUSTOMER REFERENCE: :42000491 2396 73383

COLLATERAL

ONE (1) DA VINCI XI SURGICAL SYSTEM WITH DUAL CONSOLE ONE (1) DA VINCI XI INTEGRATED TABLE MOTION UPGRADE ONE (1) E-100 GENERATOR