

# UCC-1 Form

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## 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:* **GLENDAL, CA 91209-9071 USA**

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## DEBTOR INFORMATION

*Org. Name:* **ATMED TREATMENT CENTER, INC.**

*Mailing Address:* **1524 ATWOOD AVENUE #122**

*City, State Zip Country:* **JOHNSTON, RI 02919-3228 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **AMERISOURCEBERGEN DRUG CORPORATION**

*Mailing Address:* **1300 MORRIS DRIVE**

*City, State Zip Country:* **CHESTERBROOK, PA 19087 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-89073883-64949305**

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## COLLATERAL

ALL OF DEBTOR'S PERSONAL PROPERTY, WHEREVER LOCATED, AND NOW OWNED OR HEREAFTER ACQUIRED OR ARISING CONSISTING OF (A) ACCOUNTS; (B) INVENTORY; (C) EQUIPMENT; AND (D) GENERAL INTANGIBLES AND ALL PROCEEDS OF THE FOREGOING. ALL CAPITALIZED TERMS USED HEREIN AND NOT DEFINED HAVE THE MEANING SET FORTH IN THE UNIFORM COMMERCIAL CODE AS IN EFFECT IN ANY JURISDICTION IN WHICH ANY OF THE COLLATERAL MAY AT THE TIME BE LOCATED.