

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

<b>A NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141			
<b>B E-MAIL CONTACT AT FILER (optional)</b> uccfilingreturn@wolterskluwer.com			
<b>C. SEND ACKNOWLEDGMENT TO (Name and Address)</b> <table style="width:100%; border:none;"> <tr> <td style="width:60%; border:none;">                     Lien Solutions                      P.O. Box 29071                      Glendale, CA 91209-9071                 </td> <td style="width:40%; border:none; text-align:center;">                     93968386                       RIRI                 </td> </tr> </table>		Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	93968386  RIRI
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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 SOUTHERN NEW ENGLAND HEALTHCARE FOR WOMEN, LLC				
OR	1b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c MAILING ADDRESS 297 Promenade St F-2		CITY Providence	STATE RI	POSTAL CODE 02908
			COUNTRY 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 C T CORPORATION SYSTEM, AS REPRESENTATIVE				
OR	3b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c MAILING ADDRESS 330 N Brand Blvd, Suite 700; Attn: SPRS		CITY Glendale	STATE CA	POSTAL CODE 91203
			COUNTRY USA	

4 COLLATERAL: This financing statement covers the following collateral:  
 This filing covers the following properties, assets and rights of Debtor, whether now owned or hereafter acquired (collectively the "Collateral"): (a) all personal property described below or on any exhibit attached hereto, which exhibit is incorporated by reference herein ("Specified Items"), (b) any and all additions, replacements, parts, or accessories to the Specified Items; (c) any rental, chattel paper, accounts, security deposits, relating to the Specified Items or the Agreement; and (d) all proceeds of any and all of the foregoing. In the event serial numbers, vehicle identification numbers or similar information is included below, on an exhibit attached hereto or otherwise in the description of Collateral, such information has been added by Secured Party to the best of its information in an effort to avoid confusion but is not intended to, and shall not, limit the above description of Collateral.

Collateral Equipment Exhibit attached

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  
 93968386

**EQUIPMENT**

Quantity	Equipment Description	Serial #	Supplier Name and Contact
1	Hydrafacial Syndeo & Accessories		The Hydrafacial Company
			DBA The Hydrafacial
			Company
			2165 E Spring St
			Lohg Beach, CA 90806
			800-603-4996