

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: THE MIRIAM HOSPITAL

Mailing Address: 164 SUMMIT AVE

City, State Zip Country: PROVIDENCE, RI 02906 USA

SECURED PARTY INFORMATION

Org. Name: STRYKER SALES, LLC

Mailing Address: PO BOX 35701

City, State Zip Country: BILLINGS, MT 59107 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 450-0121371-000 2724 22676

COLLATERAL

ALL EQUIPMENT, DESCRIBED HEREIN OR OTHERWISE, LEASED TO OR FINANCED FOR THE DEBTOR BY SECURED PARTY UNDER THAT CERTAIN AGREEMENT No. 11410207438 INCLUDING ALL ACCESSORIES, ACCESSIONS, REPLACEMENTS, ADDITIONS, SUBSTITUTIONS, ADD-ONS AND UPGRADES THERETO, AND ANY PROCEEDS THEREFROM.