

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

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## DEBTOR INFORMATION

*Org. Name:* **EAST BAY ENDOSCOPY CENTER, LLC**

*Mailing Address:* **109 CLOCKTOWER SQUARE STE 109**

*City, State Zip Country:* **PORTSMOUTH, RI 02871 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **ASD SPECIALTY HEALTHCARE, LLC**

*Mailing Address:* **1 WEST FIRST AVENUE**

*City, State Zip Country:* **CONSHOHOCKEN, PA 19428 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-97789599-68679163**

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## COLLATERAL

ALL OF DEBTOR'S INVENTORY PURCHASED OR OTHERWISE ACQUIRED FROM SECURED PARTY OR ITS AFFILIATES, SUCCESSORS AND ASSIGNS, WHETHER NOW OWNED OR HEREAFTER ACQUIRED. ANY DEFINED TERMS USED HEREIN SHALL HAVE THE MEANING SET FORTH IN THE UNIFORM COMMERCIAL CODE.