

UCC-1 Form

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**

DEBTOR INFORMATION

Org. Name: **BAYSIDE ENDOSCOPY CENTER, INC.**

Mailing Address: **33 STANIFORD STREET**

City, State Zip Country: **PROVIDENCE, RI 02905 USA**

SECURED PARTY INFORMATION

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

Mailing Address: **1 WEST FIRST AVENUE**

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

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-97789618-68679172

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.