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: **HOPEHEALTH HOSPICE & PALLIATIVE CARE**

Mailing Address: **1085 NORTH MAIN STREET**

City, State Zip Country: **PROVIDENCE, RI 02904 USA**

SECURED PARTY INFORMATION

Org. Name: **MED ONE CAPITAL FUNDING, LLC**

Mailing Address: **10712 S. 1300 E.**

City, State Zip Country: **SANDY, UT 84094 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-98041181-68798732

COLLATERAL

(2) XT FLEXLOCK WITH 50 FT. CABLE, INSTALLED. (1) OMNICELL - SERVICE PRICING SUPPLEMENT ID: 5618231. EQUIPMENT LOCATION: HOPEHEALTH HOSPICE & PALLIATIVE CARE 1085 NORTH MAIN STREET PROVIDENCE, RI 02904