RI SOS Filing Number: 202430421350 Date: 4/10/2024 1:42:00 PM

[redacted]

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)
Name: Wolters Kluwer Lien Solutions Phone 800-331-3282 Fax. 818-662-4141

B. E-MAIL CONTACT AT SUBMITTER (optional)
uccfilingreturn@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO (Name and Address) 15602 - US BANK

Lien Solutions
P.O. Box 29071
Glendale, CA 91209-9071

98298104
RIRI

File with: Secretary of State, RI

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER
202430379020 4/1/2024 SS RI

1b ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS
Filer attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2. ☐ TERMINATION Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3 ☐ ASSIGNMENT (full or partial) Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4. ☐ CONTINUATION Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. ☐ PARTY INFORMATION CHANGE.

Check one of these two boxes

AND Check one of these three boxes to

This Change affects ☐ Debtor or ☐ Secured Party of record

☐ CHANGE name and/or address Complete item 6a or 6b, and item 7a or 7b and item 7c ☐ ADD name Complete item 7a or 7b, and item 7c ☐ DELETE name Give record name to be deleted in item 6a or 6b

6 CURRENT RECORD INFORMATION Complete for Party Information Change - provide only one name (6a or 6b)

6a ORGANIZATION'S NAME

OR

6b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a ORGANIZATION'S NAME

OR

7b INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

7c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

8. COLLATERAL CHANGE Check only one box ☒ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral

Indicate collateral

*Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral, and describe the collateral in Section 8

Equipment as more fully described on the attached Schedule A

TOGETHER WITH ALL REPLACEMENTS, PARTS, REPAIRS, ADDITIONS, ACCESSIONS AND ACCESSORIES INCORPORATED THEREIN OR AFFIXED OR ATTACHED THERETO AND ANY AND ALL PROCEEDS OF THE FOREGOING, INCLUDING, WITHOUT LIMITATION, INSURANCE RECOVERIES.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

9a ORGANIZATION'S NAME
STRYKER SALES CORPORATION

OR

9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA Debtor Name: THE WESTERLY AMBULANCE CORPS, INC.
98298104 3000002665 3075205

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 07/01/23)

Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

1a. INITIAL FINANCING STATEMENT FILE NUMBER. Same as item 1a on Amendment form

202430379020 4/1/2024 SS RI

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT. Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME

STRYKER SALES CORPORATION

OR

12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13). Provide only one Debtor name (13a or 13b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a. ORGANIZATION'S NAME

THE WESTERLY AMBULANCE CORPS, INC.

OR

13b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX

14. ADDITIONAL SPACE FOR (CHECK ONE BOX) ☒ ITEM 8 (Collateral) OR ☐ OTHER INFORMATION (Please Describe)

Debtor Name and Address:
THE WESTERLY AMBULANCE CORPS, INC. - 30 CHESTNUT ST , WESTERLY, RI 02891

Secured Party Name and Address:
STRYKER SALES CORPORATION - 1901 Romence Road Parkway , Portage, MI 49002

15. This FINANCING STATEMENT AMENDMENT

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17
(if Debtor does not have a record interest)

17. Description of real estate

18. MISCELLANEOUS 98298104-RI-C 15602 - US BANK BUSINESS EQU STRYKER SALES CORPORATION File with: Secretary of State, RI 3000002665 3075205

Prepared by Lien Solutions, P.O. Box 29071 Glendale, CA 91209-9071 Tel (800) 331-3282

1901 Romence Road Parkway
Portage, MI 49002
t: 888-308-3146 f 877-204-1332
www.stryker.com

March 29, 2024

THE WESTERLY AMBULANCE CORPS, INC.
30 CHESTNUT ST
WESTERLY, Rhode Island 02891-2269

To Our Valued Customer:

This letter is in reference to Short Form Conditional Sale Agreement No.2210214050 by and between Flex Financial, a division of Stryker Sales, LLC (Owner) and THE WESTERLY AMBULANCE CORPS, INC. (Customer).

This letter is to confirm RESTATED EQUIPMENT on the agreement as follows:

Part I - Equipment

Current equipment

Model no.	Description	Qty
99577-001957	15AACBABBABBBAAAAAAAAAABFLP15 MONITOR/DEFIB	2
41577-000288	LP15 ACCRY SHIPKIT,AHA,S	2
21330-001365	ASSY - TEST LOAD, ROHS,ENGLISH	2
21300-008159	NIBP - TUBING, 6FT, BAYONET, UDI	2
11160-000011	NIBP CUFF-REUSEABLE,INFANT, BAYONET	2
11160-000013	NIBP CUFF-REUSEABLE,CHILD, BAYONET	2
11160-000017	NIBP CUFF-REUSEABLE,LARGE ADULT, BAYONET	2
11160-000019	NIBP CUFF- REUSEABLE,X-LARGE ADULT, BAYONET	2
11577-000002	KIT - CARRY BAG, MAIN BAG	2
11220-000028	POUCH,TOP,CARRYINGBAG,LP12	2
11260-000039	KIT - CARRY BAG, REAR POUCH, 3RD EDITION	2
11171-000049	RAINBOW DCI ADT REUSABLESENSOR, REF 2696,ROHS	2
11996-000323	RED LNC-04,PATIENT CABLE,4FT,REF 2055,ROHS	2
11171-000017	LNCS DCI,ADULT SPO2SENSOR,REUSABLE,REF 1863,ROHS	2
21996-000109	GATEWAY, WIRELESS, TITANIII	2
TR-LP12B-LP15	TR-SYK LP 12B TO LP15	2

Restated equipment

Model no.	Description	Qty
WESTERLY AMB, 30 CHESTNUT ST, WESTERLY, Rhode Island, 02891-2269, United States		
11577-000001	**KIT - CARRY BAG, SHOULDER STRAP**	**2**
99577-001957	15AACBABBABBBAAAAAAAAAABFLP15 MONITOR/DEFIB	2
41577-000288	LP15 ACCRY SHIPKIT,AHA,S	2
21330-001365	ASSY - TEST LOAD, ROHS,ENGLISH	2
21300-008159	NIBP - TUBING, 6FT, BAYONET, UDI	2
11160-000011	NIBP CUFF-REUSEABLE,INFANT, BAYONET	2
11160-000013	NIBP CUFF-REUSEABLE,CHILD, BAYONET	2
11160-000017	NIBP CUFF-REUSEABLE,LARGE ADULT, BAYONET	2
11160-000019	NIBP CUFF- REUSEABLE,X-LARGE ADULT, BAYONET	2
11577-000002	KIT - CARRY BAG, MAIN BAG	2
11220-000028	POUCH,TOP,CARRYINGBAG,LP12	2
11260-000039	KIT - CARRY BAG, REAR POUCH, 3RD EDITION	2
11171-000049	RAINBOW DCI ADT REUSABLESENSOR, REF 2696,ROHS	2
11996-000323	RED LNC-04,PATIENT CABLE,4FT,REF 2055,ROHS	2
11171-000017	LNCS DCI,ADULT SPO2SENSOR,REUSABLE,REF 1863,ROHS	2
21996-000109	GATEWAY, WIRELESS, TITANIII	2
TR-LP12B-LP15	TR-SYK LP 12B TO LP15	2

This will serve as an **Amendment No. 001 to Short Form Conditional Sale Agreement No. 2210214050** All other terms and conditions of the agreement will remain unaffected. Sincerely,

Devon Ivy
Controller
Flex Financial,
a division of Stryker Sales, LLC