

UCC-1 Form

FILER INFORMATION

Full name: **CORPSMART**

Email Contact at Filer: **FILINGS@CORP-SMART.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CORPSMART**

Mailing Address: **106 5TH AVE SE**

City, State Zip Country: **OLYMPIA, WA 98501 USA**

DEBTOR INFORMATION

Org. Name: **LONDON HEALTH ADMINISTRATORS, LLC**

Mailing Address: **40 COMMERCIAL WAY**

City, State Zip Country: **EAST PROVIDENCE, RI 02914 USA**

SECURED PARTY INFORMATION

Org. Name: **ARES CAPITAL CORPORATION, AS ADMINISTRATIVE AGENT**

Mailing Address: **245 PARK AVENUE, 44TH FLOOR**

City, State Zip Country: **NEW YORK, NY 10167 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 11668.685

COLLATERAL

ALL ASSETS OF THE DEBTOR, WHETHER NOW OWNED OR EXISTING OR HEREAFTER ACQUIRED OR ARISING AND WHEREVER LOCATED.