UCC-1 Form

FILER INFORMATION

Full name: **CORPORATION SERVICE COMPANY**

Email Contact at Filer: **RISOSUCCFILINGSV3@CSCGLOBAL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CORPORATION SERVICE COMPANY**

Mailing Address: **801 ADLAI STEVENSON DRIVE**

City, State Zip Country: **SPRINGFIELD, IL 62703 USA**

DEBTOR INFORMATION

Org. Name: **CHAPEL PHARMACY, INC.**

Mailing Address: **2081 DIAMOND HILL ROAD**

City, State Zip Country: **CUMBERLAND, RI 02864 USA**

SECURED PARTY INFORMATION

Org. Name: **CARDINAL HEALTH 110 LLC, AS AGENT**

Mailing Address: **7000 CARDINAL PLACE**

City, State Zip Country: **DUBLIN, OH 43017 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2980 56379

COLLATERAL

ALL BUSINESS ASSETS, INCLUDING BUT NOT LIMITED TO, GOODS, EQUIPMENT, INVENTORY, ACCOUNTS, ACCOUNTS RECEIVABLE, CHATTEL PAPER, INSTRUMENTS, INVESTMENT PROPERTY AND ALL GENERAL INTANGIBLES, BOOKS AND RECORDS, COMPUTER PROGRAMS AND RECORDS, AND OTHER PERSONAL PROPERTY, TANGIBLE OR INTANGIBLE, RELATED TO ANY OF THE FOREGOING (INCLUDING, WITHOUT LIMITATION, ALL PRESCRIPTION FILES, PATIENT LISTS, SIGNS, APPLIANCES, CASH REGISTERS, COMPUTERS, COMPUTER SOFTWARE, SHELVING, CHECK-OUT COUNTERS, COMPRESSORS, FREEZERS, COOLERS, DISPLAY CASES, CUSTOMER RECORDS, SUNDRIES, TOBACCO PRODUCTS, PRESCRIPTION AND OVER-THE-COUNTER PHARMACEUTICAL PRODUCTS, HEALTH AND BEAUTY AIDS, HOME HEALTHCARE PRODUCTS AND GENERAL MERCHANDISE AND SUPPLIES); ALL ACCESSIONS AND ADDITIONS TO, SUBSTITUTIONS FOR, AND REPLACEMENTS OF ANY OF THE FOREGOING; ALL PROCEEDS OR PRODUCTS OF ANY OF THE FOREGOING; AND ALL RIGHTS TO PAYMENTS UNDER ANY INSURANCE OR WARRANTY, GUARANTY, OR INDEMNITY PAYABLE WITH RESPECT TO ANY OF THE FOREGOING (COLLECTIVELY, THE "COLLATERAL").