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: ACCU-CARE SUPPLY, INC.

Mailing Address: 109 KING PHILIP RD

City, State Zip Country: RUMFORD, RI 02916 USA

SECURED PARTY INFORMATION

Org. Name: BANK OF AMERICA, N.A. Mailing Address: ONE INDEPENDENCE CENTER - NC1-001-05-13 101 N TRYON ST City, State Zip Country: CHARLOTTE, NC 28255-0001 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-102030882-70678154

COLLATERAL

THE FOLLOWING DESCRIBED PROPERTY NOW OWNED OR HEREAFTER ACQUIRED BY THE DEBTOR (THE "COLLATERAL"): (A) ALL ACCOUNTS, AND ALL CHATTEL PAPER, INSTRUMENTS, DEPOSIT ACCOUNTS, LETTER OF CREDIT RIGHTS, AND GENERAL INTANGIBLES RELATED THERETO; AND ALL RETURNED OR REPOSSESSED GOODS WHICH, ON SALE OR LEASE, RESULTED IN AN ACCOUNT. (B) ALL INVENTORY. (C) ALL EQUIPMENT AND FIXTURES NOW OWNED OR HEREAFTER ACQUIRED BY THE DEBTOR, (INCLUDING, BUT NOT LIMITED TO, THE EQUIPMENT DESCRIBED IN THE ATTACHED EQUIPMENT DESCRIPTION, IF ANY). (D) ALL NEGOTIABLE AND NONNEGOTIABLE DOCUMENTS OF TITLE COVERING ANY COLLATERAL. (E) ALL ACCESSIONS, ATTACHMENTS AND OTHER ADDITIONS TO THE COLLATERAL, AND ALL TOOLS, PARTS AND EQUIPMENT USED IN CONNECTION WITH THE COLLATERAL. (F) ALL SUBSTITUTES OR REPLACEMENTS FOR ANY COLLATERAL, ALL CASH OR NON-CASH PROCEEDS (INCLUDING INSURANCE PROCEEDS), PRODUCTS, RENTS AND PROFITS OF THE COLLATERAL, AND ALL INCOME, BENEFITS AND PROPERTY RECEIVABLE ON ACCOUNT OF THE COLLATERAL, AND ALL SUPPORTING OBLIGATIONS COVERING ANY COLLATERAL. (G) ALL BOOKS, DATA AND RECORDS PERTAINING TO ANY COMPUTER-READABLE MEMORY AND ANY COMPUTER SOFTWARE NECESSARY TO PROCESS SUCH MEMORY ("BOOKS AND RECORDS").