

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: ATMED TREATMENT CENTER, INC.

Mailing Address: 1524 ATWOOD AVE STE 122

City, State Zip Country: JOHNSTON, RI 02919 USA

SECURED PARTY INFORMATION

Org. Name: MCKESSON CORPORATION AND ITS AFFILIATES

Mailing Address: 401 MASON ROAD

City, State Zip Country: LA VERGNE, TN 37086 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: WB: 3050 33301

COLLATERAL

ALL ASSETS OF THE DEBTOR, WHEREVER LOCATED AND WHETHER NOW OR HEREAFTER EXISTING AND WHETHER NOW OWNED OR HEREAFTER ACQUIRED, OF EVERY KIND AND DESCRIPTION, TANGIBLE OR INTANGIBLE, INCLUDING WITHOUT LIMITATION ALL ACCESSIONS THERETO AND ALL PRODUCTS AND PROCEEDS THEREOF.