

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: **GLENDAL, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **ASTHENIS, LLC**

Mailing Address: **206 CRANSTON STREET**

City, State Zip Country: **PROVIDENCE, RI 02907 USA**

SECURED PARTY INFORMATION

Org. Name: **ASD SPECIALTY HEALTHCARE, LLC**

Mailing Address: **1 WEST FIRST AVENUE**

City, State Zip Country: **CONSHOHOCKEN, PA 19428 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-103843329-71530847

COLLATERAL

ALL OF DEBTOR'S PERSONAL PROPERTY, WHEREVER LOCATED, AND NOW OWNED OR HEREAFTER ACQUIRED OR ARISING CONSISTING OF (A) ACCOUNTS; (B) INVENTORY; (C) EQUIPMENT; AND (D) GENERAL INTANGIBLES AND ALL PROCEEDS OF THE FOREGOING. ALL CAPITALIZED TERMS USED HEREIN AND NOT DEFINED HAVE THE MEANING SET FORTH IN THE UNIFORM COMMERCIAL CODE AS IN EFFECT IN ANY JURISDICTION IN WHICH ANY OF THE COLLATERAL MAY AT THE TIME BE LOCATED.