

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Christopher M. Gillis, +1 617 951 7126	
B. E-MAIL CONTACT AT SUBMITTER (optional) Christopher.Gillis@ropesgray.com	
C. SEND ACKNOWLEDGMENT TO (Name and Address) <div>Christopher M. Gillis ROPES & GRAY LLP Prudential Tower, 800 Boylston Street</div>	
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION	

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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (Use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name). If any part of the Individual Debtor's name will not fit in line 1b, leave a of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad).

1a. ORGANIZATION'S NAME Newport Hospital			
OR			
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 11 Friendship Street		CITY Newport	STATE RI
		POSTAL CODE 02840	COUNTRY USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (Use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name). If any part of the Individual Debtor's name will not fit in line 2b, leave a of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad).

2a. ORGANIZATION'S NAME			
OR			
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY	STATE
		POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE or ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME U.S. Bank Trust Company, National Association			
OR			
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX
3c. MAILING ADDRESS One Federal Street		CITY Boston	STATE MA
		POSTAL CODE 02110	COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:

See Exhibit A.

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions); <input type="checkbox"/> being administered by a Decedent's Personal Representative			
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public Finance Transaction <input type="checkbox"/> Manufacture/Home Transaction <input type="checkbox"/> A Debtor is a Transferring Utility			
6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing			
7. ALTERNATIVE DESIGNATION (if applicable) <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor			
8. OPTIONAL FILER REFERENCE DATA Debtor: Newport Hospital File with: RI SOS			

Exhibit A

All receipts, revenues, income and other moneys received by or on behalf of the Members of the Obligated Group (except if received from another Member of the Obligated Group), including, without limitation, contributions, donations and pledges whether in the form of cash, securities or other personal property, revenues derived from the operation of all facilities of the Members of the Obligated Group, and all rights to receive the same, whether in the form of accounts receivable, contract rights, chattel paper, instruments or other rights, and the proceeds thereof, and any insurance thereon, whether now existing or hereafter coming to existence and whether now owned or held or hereafter acquired by the Members of the Obligated Group calculated in accordance with generally accepted accounting practices as then in effect; provided, however, that gifts, grants, bequests, donations and contributions made to any Member of the Obligated Group designated at the time of making thereof by the donor or maker as being for certain specific purposes, and the income derived therefrom, to the extent required by such designation, shall be excluded from Gross Receipts and provided further, that all rents, income and profits from properties subject to Permitted Liens shall be excluded from Gross Receipts whether or not designated to the extent required by such Permitted Liens. Capitalized terms shall have those meanings set forth in the Master Trust Indenture dated as of July 15, 2016 by and among the Secured Party, the Debtor, and the other Members of the Obligated Group.