

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 55231 - BayCoast Bank <div style="display: flex; justify-content: space-between;"><div>Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div>104386681 RIRI</div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</div>	

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 all 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 COASTLINE EMERGENCY MEDICAL SERVICES, INC					
OR	1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 65 East Street		CITY Pawtucket	STATE RI	POSTAL CODE 02860	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 all 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 of ASSIGNOR SECURED PARTY):** Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME BayCoast Bank					
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 330 Swansea Mall Drive		CITY Swansea	STATE MA	POSTAL CODE 02777	COUNTRY USA

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

All inventory, equipment, accounts (including but not limited to all health-care-insurance receivables), chattel paper, instruments (including but not limited to all promissory notes), letter-of-credit rights, letters of credit, documents, deposit accounts, investment property, money, other rights to payment and performance, and general intangibles (including but not limited to all software and all payment intangibles); all oil, gas and other minerals before extraction; all oil, gas, other minerals and accounts constituting as-extracted collateral; all fixtures; all timber to be cut; all attachments, accessions, accessories, fittings, increases, tools, parts, repairs, supplies, and commingled goods relating to the foregoing property, and all additions, replacements of and substitutions for all or any part of the foregoing property; all insurance refunds relating to the foregoing property; all good will relating to the foregoing property; all records and data and embedded software relating to the foregoing property, and all equipment, inventory and software to utilize, create, maintain and process any such records and data on electronic media; and all supporting obligations relating to the foregoing property; all whether now existing or hereafter arising, whether now owned or hereafter acquired or whether now or hereafter subject to any rights in the foregoing property; and all products and proceeds (including but not limited to all insurance payments) of or relating to the foregoing property; including but not limited to the equipment purchased referenced in invoice #5483 set forth attached hereto and made a part hereof by reference.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions); ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. **ALTERNATIVE DESIGNATION (if applicable):** ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. **OPTIONAL FILER REFERENCE DATA:**

104386681 Coastline EMS

Medical Necessities Corp

Tax ID : 814990761
1628 E Elizabeth ave
Linden, New Jersey 07036
U.S.A
800-282-9352
solomon@jjjmedical.com
<https://stretchersrus.com>

Invoice

5483

Balance Due
\$46,780.00

Bill To**Stat South Coast EMS**

360 Faunce Corner Rd
Dartmouth
2747 MA

Invoice Date : May 20, 2025

Terms : Prepaid

Due Date : May 20, 2025

P.O.# : 5481

Ship To

360 Faunce Corner Rd
Dartmouth
2747 MA

#	Part Description	Qty	Rate	Amount
1	Stryker Power PRO XT 700 LBS Capacity Ambulance Cot Refurbished SKU : STR6500RB Stryker Power PRO XT 700 LBS Capacity Ambulance Cot - Refurbished. Includes Extensive Cosmetic and Mechanical Refresh - New Stryker Mattress / New Patient Restraints / 6 New Wheels / New Power buttons / New slicer kit / 2 Batteries / 1 Charger and much more.	3.00 pcs	13,900.00	41,700.00
2	Stryker Performance load comp kit for power pro 6506 SKU : 6506700007BD	3.00 Box	1,426.666 67	4,280.00
Sub Total				45,980.00
OUT OF STATE (0%)				0.00
Shipping charge				800.00
Total				\$46,780.00
Balance Due				\$46,780.00

Payment Options**Terms & Conditions**

All refurbished equipment includes a 90 day parts and labor warranty. We offer a money back satisfaction guarantee and you may return the equipment within 7 days of delivery. Shipping is not refundable unless the equipment was damaged in transit. Deposits and/or payments can be made via check sent to the address below.

PLEASE SEND ALL PAYMENTS TO:

Medical Necessities Corp
1628 East Elizabeth Ave
Linden, NJ 07036