

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone:(800) 331-3282 Fax: (818) 662-4141	
B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 11033 SUSQUEHANNA CO	
CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	32312721 RIRI

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME H.M. VINCENT, D.M.D., L.L.C.						
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS 719 ARMISTICE BLVD			CITY PAWTUCKET	STATE RI	POSTAL CODE 02861	COUNTRY USA
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION LLC	1f. JURISDICTION OF ORGANIZATION RI	1g. ORGANIZATIONAL ID #, if any 000162593 <input type="checkbox"/> NONE		

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME						
OR	2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE		

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME SUSQUEHANNA COMMERCIAL FINANCE, INC.						
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS 2 COUNTRY VIEW ROAD SUITE 300			CITY MALVERN	STATE PA	POSTAL CODE 19355	COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

ALL GOODS, INVENTORY, SOFTWARE AND EQUIPMENT (WHETHER NOW EXISTING OR HEREAFTER IN EXISTANCE) EITHER SUBJECT OF EXISTING AND FUTURE LEASING AGREEMENTS BETWEEN (a) DEBTOR AS LESSEE AND SECURED PARTY AS LESSOR, OR (b) ACQUIRED BY DEBTOR THROUGH CASH ADVANCES OR CREDIT OTHERWISE PROVIDED BY SECURED PARTY (COLLECTIVELY, "LEASED/FINANCED GOODS"). SAID "LEASED/FINANCED GOODS" SHALL INCLUDE, WITHOUT LIMITATION VEHICLES; TOOLS; APPLIANCES; TOGETHER WITH THE FOLLOWING TYPES OF EQUIPMENT AND MACHINERY: COMPUTER, CONSTRUCTION, INDUSTRIAL, MANUFACTURING, SEWING AND EMBROIDERY, MEDICAL, VETERINARY, DENTAL, PRINTING, TELEPHONE, GRAPHIC EQUIPMENT, WOODWORKING, FURNITURE, LANDSCAPING, STENOGRAPH/TRANSCRITPION, HVAC, VIDEO/SECURITY/AUDIO, FIBER OPTICS, PROPANE TANKS, ENERGY MANAGEMENT, SOLOR ENERGY EQUIPMENT, MARKETING/SIGNAGE, SEGWAY, MATERIAL HANDLING/LIFTS, RESTAURANT, PARTY AND OFFICE EQUIPMENT AND MACHINERY; ALL SUBSTITUTIONS AND REPLACEMENTS FOR, AND ACCESSIONS, ATTACHMENTS, AND OTHER ADDITIONS TO SUCH LEASED/FINANCED GOODS; ALL PRODUCTS AND ALL PROCEEDS THEREOF (INCLUDING INSURANCE PROCEEDS); ALL SOFTWARE RELATED THERETO; TOGETHER WITH ALL ACCOUNTS, LEASES, RENTAL AGREEMENTS ARISING FROM THE LEASED/FINANCED GOODS, WHETHER NOW EXISTING OR HEREAFTER IN EXISTANCE.

5. ALTERNATIVE DESIGNATION (if applicable) <input type="checkbox"/> LESSEE/LESSOR <input type="checkbox"/> CONSIGNEE/CONSIGNOR <input type="checkbox"/> BAILEE/BAILOR <input type="checkbox"/> SELLER/BUYER <input type="checkbox"/> AG. LIEN <input type="checkbox"/> NON-UCC FILING	
6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 [optional] (ADDITIONAL FEE)
8. OPTIONAL FILER REFERENCE DATA 32312721	

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