

# UCC-3 Form - Continuation

Original File Number: **200704525380** Original File Date: **1/17/2007 11:24:00 AM**

---

## FILER INFORMATION

Full name: **CT LIEN SOLUTIONS** Phone: **(800)331-3282**

## CONTACT INFORMATION

Contact name: **CT LIEN SOLUTIONS**

Street #1: **P.O. BOX 29071**

Street #2: **ORDER:54925152**

City: **GLENDALE** State: **CA** ZIP: **91209-9071** Country: **USA**

Notification Method: **E-MAIL** Email: **SOSACK@UCCDIRECT.COM**

---

## DEBTOR INFORMATION

Last Name: **FELIX** First: **ANGELES** Middle: **V.**

Mailing Address1: **16 LYNDON RD.**

City: **SHARON** State: **MA** ZIP: **02067** Country: **USA**

Org. Name: **ANGELES V. FELIX, DMD, LLC**

Mailing Address1: **490 HIGH ST.**

City: **CUMBERLAND** State: **RI** ZIP: **02864** Country: **USA**

Org. Name: **DENTAL ASSOCIATES OF CUMBERLAND, LLC.**

Mailing Address1: **490 HIGH ST**

City: **CUMBERLAND** State: **RI** ZIP: **02864** Country: **USA**

---

## SECURED PARTY INFORMATION

Org. Name: **MATSCO A DIVISION OF GREATER BAY BANK NA**

Mailing Address1: **2000 POWELL ST., FOURTH FLOOR**

City: **EMERYVILLE** State: **CA** ZIP: **94608** Country: **USA**

---

**TRANSACTION TYPE: STANDARD**

**COLLATERAL IS / ADMINISTERED BY:**

**ALTERNATIVE DESIGNATION:**