

# UCC-3 Form - Continuation

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## 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:57564188**

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

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

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## DEBTOR INFORMATION

Org. Name: **H.M. VINCENT, D.M.D., L.L.C.**

Mailing Address1: **719 ARMISTICE BLVD**

City: **PAWTUCKET** State: **RI** ZIP: **02861** Country: **USA**

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## SECURED PARTY INFORMATION

Org. Name: **SUSQUEHANNA COMMERCIAL FINANCE, INC.**

Mailing Address1: **2 COUNTRY VIEW ROAD SUITE 300**

City: **MALVERN** State: **PA** ZIP: **19355** Country: **USA**

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**TRANSACTION TYPE: STANDARD**

**COLLATERAL IS / ADMINISTERED BY:**

**ALTERNATIVE DESIGNATION:**