

UCC-1 Form

FILER INFORMATION

Full name: **WOLTERS KLUWER LIEN SOLUTIONS**

Email Contact at Filer: **CTLSWEBACK@WOLTERSKLUWER.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **LIEN SOLUTIONS**

Mailing Address: **P.O. Box 29071**

City, State Zip Country: **GLENDALE, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **PROVIDENCE PSYCHOLOGY SERVICES, LLC**

Mailing Address: **245 WATERMAN ST STE 202**

City, State Zip Country: **PROVIDENCE, RI 02906 USA**

SECURED PARTY INFORMATION

Org. Name: **FIRST HOME BANK, A FLORIDA BANKING CORPORATION**

Mailing Address: **9190 SEMINOLE BLVD**

City, State Zip Country: **SEMINOLE, FL 33772 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-65364881-55508567

COLLATERAL

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