

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: **DR. TADEUSZ SZTYKOWSKI, INC.**

Mailing Address: **191 NASHUA ST**

City, State Zip Country: **PROVIDENCE, RI 02904 USA**

Org. Name: **NASHUA PROPERTIES, LLC**

Mailing Address: **191 NASHUA ST**

City, State Zip Country: **PROVIDENCE, RI 02904 USA**

Org. Name: **CENTERS FOR INTEGRATIVE MEDICINE AND HEALING**

Mailing Address: **191 NASHUA ST**

City, State Zip Country: **PROVIDENCE, RI 02904 USA**

Org. Name: **CENTER FOR PREVENTIVE MEDICINE**

Mailing Address: **191 NASHUA ST**

City, State Zip Country: **PROVIDENCE, RI 02904 USA**

Org. Name: **CIMH**

Mailing Address: **191 NASHUA ST**

City, State Zip Country: **PROVIDENCE, RI 02904 USA**

SECURED PARTY INFORMATION

Org. Name: **DLR INC**

Mailing Address: **PO Box 520382**

City, State Zip Country: **SALT LAKE CITY, UT 84152 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-70228731-57192823

COLLATERAL

ACCOUNTS RECEIVABLE, CASH, CASH PROCEEDS, ACCOUNTS, CHATTEL PAPER, INSTRUMENTS RELATED TO THE RECEIPTS, INSTRUMENTS RELATED TO THE FUTURE RECEIVABLES, UNDEFINED