# 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:* **JOANNE C. LEWIS PEDIATRIC DENTISTRY, LLC**

*Mailing Address:* **1111 MAIN ST.**

*City, State Zip Country:* **HOPE VALLEY, RI 02832 USA**

## SECURED PARTY INFORMATION

*Org. Name:* **BANK MIDWEST**

*Mailing Address:* **505 MARKET STREET SUITE 110**

*City, State Zip Country:* **DES MOINES, IA 50266 USA**

## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-72540490-58087288**

## COLLATERAL

PURCHASE MONEY INTEREST IN LIGHTSCALPEL, LLC INVOICE # 74770 DATE: 10/21/2019 LIGHTSCALPEL CO2 LASER SYSTEM SERIAL # 9280-02 SAFETY GLASSES QTY:5 INFANT SAFETY GLASSES TODDLER SAFETY GLASSES SURGICAL FACE MASK BOX OF 40 ACCESSORIES CASE CLEANING KIT