

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: **MARK S. BICHAJIAN DMD, INC.**

Mailing Address: **708 WARWICK AVENUE**

City, State Zip Country: **WARWICK, RI 02888 USA**

SECURED PARTY INFORMATION

Org. Name: **CHOICEHEALTH FINANCE**

Mailing Address: **1310 MADRID STREET**

City, State Zip Country: **MARSHALL, MN 56258 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-72826221-58196498

COLLATERAL

2- CHR, NEXT GEN, SER 5, 200W 2- OPT AUTO DTL UNIT W/CUSP 2- TELE ARM W/4POS HLDR, 1SYR 2- SYS MT SER5 LED LIGHT, GY 2- ASSISTANTS STOOL 2- DOCTORS STOOLS TOGETHER WITH ALL REPLACEMENTS, PARTS, REPAIRS, ADDITIONS, ACCESSIONS AND ACCESSORIES INCORPORATED THEREIN OR AFFIXED OR ATTACHED THERETO AND ANY AND ALL PROCEEDS OF THE FOREGOING, INCLUDING, WITHOUT LIMITATION, INSURANCE RECOVERIES.