

UCC-1 Form

FILER INFORMATION

Full name: **CORPORATION SERVICE COMPANY**

Email Contact at Filer: **RISOSUCCFILINGSV3@CSCGLOBAL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CORPORATION SERVICE COMPANY**

Mailing Address: **801 ADLAI STEVENSON DRIVE**

City, State Zip Country: **SPRINGFIELD, IL 62703 USA**

DEBTOR INFORMATION

Org. Name: **EZRA L. GALLER, M.D., LTD.**

Mailing Address: **100 HIGHLAND AVE STE 304**

City, State Zip Country: **PROVIDENCE, RI 029062753 USA**

SECURED PARTY INFORMATION

Org. Name: **DE LAGE LANDEN FINANCIAL SERVICES, INC.**

Mailing Address: **1111 OLD EAGLE SCHOOL ROAD**

City, State Zip Country: **WAYNE, PA 19087 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: EZRA L. GALLER, M.D., LTD. 1804 46862

COLLATERAL

ALL EQUIPMENT LEASED OR FINANCED BY SECURED PARTY TO OR FOR DEBTOR PURSUANT TO SECURED PARTY'S CONTRACT NUMBER 100-10250235, TOGETHER WITH ALL ADDITIONS, ATTACHMENTS, ACCESSORIES AND SUBSTITUTIONS TO OR FOR THE SAME, AND ALL PROCEEDS OF THE FOREGOING. LEASE NUMBER 100-10250235