

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: **CLAYTON G. HAZELTON, JR., D.M.D., P.C., INC.**

Mailing Address: **1029 RESERVOIR AVENUE**

City, State Zip Country: **CRANSTON, RI 02910 USA**

SECURED PARTY INFORMATION

Org. Name: **SANTANDER BANK, N.A.**

Mailing Address: **450 PENN STREET**

City, State Zip Country: **READING, PA 19602 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 0440 1811 24851

COLLATERAL

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