

UCC-3 Form - TERMINATION

Original File Number: **202022366160**

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**

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: WELLS FARGO BANK, N.A.

CUSTOMER REFERENCE: 301-7688004-002 DEBTOR: ABSOLUTE RESPIRATORY CARE, INC. 1977 72887
