

# UCC-1 Form

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## 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**

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## DEBTOR INFORMATION

*Org. Name:* **ALBERT R. ARCAND, D.M.D., INC.**

*Mailing Address:* **1079 MAIN STREET, SUITE B**

*City, State Zip Country:* **WEST WARWICK, RI 02893 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **HENRY SCHEIN INC**

*Mailing Address:* **10920 W. LINCOLN AVE.**

*City, State Zip Country:* **WEST ALLIS, WI 53227 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-76628655-59757920**

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## COLLATERAL

INVOICE No. 80727180 LINE# ITEM# DESCRIPTION QTY 001 6281617 OP 3D 9X11 FOV 1 S/N: KT2005033 INCLUDING BUT NOT LIMITED TO ALL PARTS, FITTINGS, ACCESSORIES, EQUIPMENT, SPECIAL TOOLS AND ACCESSIONS NOW OR HEREAFTER ATTACHED THERETO OR USED IN CONNECTION THEREWITH, AND ANY AND ALL REPLACEMENTS OR SUBSTITUTIONS OF ALL OR ANY PART THEREOF; ANY AND ALL PROCEEDS RECEIVED SHOULD ANY OF THE FOREGOING BE SOLD, EXCHANGED, COLLECTED OR OTHERWISE DISPOSED OF.