

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: **EAST PROVIDENCE ORTHODONTIC LAB, INC.**

Mailing Address: **159 WATERMAN AVE.**

City, State Zip Country: **EAST PROVIDENCE, RI 02914 USA**

SECURED PARTY INFORMATION

Org. Name: **LEAF CAPITAL FUNDING, LLC**

Mailing Address: **1818 MARKET STREET 9TH FLOOR**

City, State Zip Country: **PHILADELPHIA, PA 19103 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-77403669-60063778

COLLATERAL

THE FOLLOWING ITEMS OF EQUIPMENT: 1 - iWELDÂ® LASER SYSTEM (G3) AND ALL ACCESSORIES INCLUDED 1 - MICROSCOPE - CLEARVIEW STEREO TOTAL SYSTEM MAGNIFICATION: 15X CROSS-HAIR RETICLE 1 - FLOW REGULATOR, SHIELDING GAS IN ADDITION, THE COLLATERAL ALSO SHALL INCLUDE ALL PARTS, ACCESSORIES, ACCESSIONS AND ATTACHMENTS THERETO, AND ALL REPLACEMENTS, SUBSTITUTIONS AND EXCHANGES (INCLUDING TRADE-INS).