

UCC-1 Form

FILER INFORMATION

Full name: **KRISTY BERTSCH**

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SEND ACKNOWLEDGEMENT TO

Contact name: **UNISEARCH, INC.**

Mailing Address: **1781 BARNES BLVD SW**

City, State Zip Country: **TUMWATER, WA 98512 USA**

DEBTOR INFORMATION

Org. Name: **BRANTING, LLC**

Mailing Address: **1830 MINERAL SPRING AVE**

City, State Zip Country: **NORTH PROVIDENCE, RI 02816 USA**

Org. Name: **NORTH PROVIDENCE PRIMARY CARE ASSOCIATION**

Mailing Address: **1830 MINERAL SPRING AVENUE**

City, State Zip Country: **NORTH PROVIDENCE, RI 02816 USA**

Org. Name: **NORTH PROVIDENCE URGENT CARE INC.**

Mailing Address: **1830 MINERAL SPRING AVENUE**

City, State Zip Country: **NORTH PROVIDENCE, RI 02816 USA**

Org. Name: **CENTER OF NEW ENGLAND PRIMARY CARE INC.**

Mailing Address: **775 CENTRE OF NEW ENGLAND BLVD**

City, State Zip Country: **COVNETRY, RI 02816 USA**

Org. Name: **CENTER OF NEW ENGLAND URGENT CARE INC**

Mailing Address: **775 CENTRE OF NEW ENGLAND BLVD**

City, State Zip Country: **COVENTRY, RI 02816 USA**

SECURED PARTY INFORMATION

Org. Name: **NEWTEK SMALL BUSINESS FINANCE, LLC**

Mailing Address: **1981 MARCUS AVENUE, SUITE 130**

City, State Zip Country: **LAKE SUCCESS, NY 11042 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 1290647

COLLATERAL

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