

# UCC-1 Form

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## 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**

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## DEBTOR INFORMATION

*Org. Name:* **DMR FAMILY & COSMETIC DENTISTRY, INC.**

*Mailing Address:* **31 CRESTVIEW DRIVE**

*City, State Zip Country:* **WESTERLY, RI 02891 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **HIGHLAND CAPITAL CORPORATION**

*Mailing Address:* **5 CENTER AVENUE**

*City, State Zip Country:* **LITTLE FALLS, NJ 07424 USA**

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## TRANSACTION TYPE: STANDARD

**ALTERNATIVE DESIGNATION:** LESSEE-LESSOR

**CUSTOMER REFERENCE:** 2035 97647

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## COLLATERAL

LIGHTWALKER ATS BORROWER ASSIGNS, TRANSFERS, PLEDGES, HYPOTHECATES AND GRANTS TO LENDER, ITS SUCCESSORS AND ASSIGNS A FIRST PRIORITY SECURITY INTEREST IN ALL OF THE BORROWER'S ASSETS INCLUDING WITHOUT LIMITATION THE FOLLOWING: ALL OF BORROWER'S NOW EXISTING OR HEREAFTER ACQUIRED OR ARISING (i) INVENTORY, INCLUDING ALL ITEMS HELD FOR SALE OR LEASE TO THIRD PARTIES, AND ALL RETURNED AND REPOSSESSED ITEMS, (ii)ACCOUNTS, (iii)CASH,(iv)GENERAL INTANGIBLES, CHATTEL PAPER, GOODS AND INSTRUMENTS, INCLUDING ALL LEASES OF INVENTORY AND EQUIPMENT AND ALL RENTALS AND OTHER AMOUNTS PAYABLE THEREUNDER, (v)DOCUMENTS OF TITLE (vi)EQUIPMENT AND ALL ACCESSIONS, ACCESSORIES, PARTS AFFIXED TO OR USED IN CONNECTION WITH ANY SUCH EQUIPMENT, (vii) AND BALANCE OF SHARE BELONGING TO THE DEBTOR OF ANY DEPOSIT AGENCY OR OTHER ACCOUNT WITH ANY BANK AND ANY OTHER AMOUNTS WHICH MAY BE OWING FROM TIME TO TIME BY ANY BANK TO DEBTOR AND (viii) ALL PRODUCTS AND PROCEEDS(INCLUDING INSURANCE PROCEEDS) OF ANY OF THE FOREGOING.