

# 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:* **PRECISION CRAFT DENTAL LABORATORY, LLC**

*Mailing Address:* **37 THURBER BOULEVARD, BUILDING B**

*City, State Zip Country:* **SMITHFIELD, RI 02917 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **NXT CAPITAL, LLC, AS ADMINISTRATIVE AGENT**

*Mailing Address:* **191 N. WACKER DRIVE, 30TH FLOOR**

*City, State Zip Country:* **CHICAGO, IL 60606 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-79773534-61021515**

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## COLLATERAL

ALL ASSETS.