UCC-3 Form - TERMINATION

Original File Number: **201921411900**

FILER INFORMATION

Full name: **WOLTERS KLUWER LIEN SOLUTIONS**

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SEND ACKNOWLEDGEMENT TO

Contact name: **LIEN SOLUTIONS**

Mailing Address: **P.O. BOX 29071**

City, State Zip Country: **GLENDALE, CA 91209-9071 USA**

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: CHOICEHEALTH FINANCE

CUSTOMER REFERENCE: RI-0-82416888-62163896