

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: **BETA DENTAL ARTS, LLC**

Mailing Address: **915 OAKLAWN AVE**

City, State Zip Country: **CRANSTON, RI 02920 USA**

SECURED PARTY INFORMATION

Org. Name: **NEWLANE FINANCE COMPANY**

Mailing Address: **123 S. BROAD ST FLOOR 17**

City, State Zip Country: **PHILADELPHIA, PA 19109 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-83151936-62457134

COLLATERAL

ALL EQUIPMENT AND OTHER PERSONAL PROPERTY, INCLUDING BUT NOT LIMITED TO FURNITURE, FIXTURES AND EQUIPMENT SUBJECT TO THAT CERTAIN LEASE /EQUIPMENT FINANCING AGREEMENT NUMBER #102621RT1-V01 DATED 10/26/2021, BETWEEN SECURED PARTY AS LESSOR/CREDITOR AND DEBTOR AS LESSEE/DEBTOR, AND SUBJECT TO ANY AND ALL EXISTING AND FUTURE SCHEDULE ENTERED INTO PURSUANT TO AND INCORPORATING SAID AGREEMENT, TOGETHER WITH ALL ACCESSORIES, PARTS, ATTACHMENTS AND APPURTENANCES APPERTAINING OR ATTACHED TO ANY OF THE EQUIPMENT, AND ALL SUBSTITUTIONS, TRADE-INS, PROCEEDS, RENEWALS AND REPLACEMENTS OF, AND IMPROVEMENTS AND ACCESSIONS TO THE LEASE /EQUIPMENT FINANCING AGREEMENT NUMBER #102621RT1-V01