

# UCC-3 Form - TERMINATION

*Original File Number:* **202022534910**

---

## **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**

---

**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: BMO HARRIS BANK N.A.**

---

**CUSTOMER REFERENCE: DEBTOR: WEST SHORE DENTAL ASSOCIATES, INC. - HM CS 383919 10/27/2021**

---