

UCC-1 Form

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

DEBTOR INFORMATION

Org. Name: ANGELL STREET DENTAL ASSOCIATES, INC.

Mailing Address: 425 ANGELL ST UNIT 2

City, State Zip Country: PROVIDENCE, RI 029064403 USA

SECURED PARTY INFORMATION

Org. Name: DE LAGE LANDEN FINANCIAL SERVICES, INC.

Mailing Address: 1111 OLD EAGLE SCHOOL ROAD

City, State Zip Country: WAYNE, PA 19087 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: ANGELL STREET DENTAL ASSOCIATES, INC. 2224 34664

COLLATERAL

ALL EQUIPMENT LEASED OR FINANCED BY SECURED PARTY TO OR FOR DEBTOR PURSUANT TO SECURED PARTY'S CONTRACT NUMBER 100-10223990, TOGETHER WITH ALL ADDITIONS, ATTACHMENTS, ACCESSORIES AND SUBSTITUTIONS TO OR FOR THE SAME, AND ALL PROCEEDS OF THE FOREGOING. LEASE NUMBER 100-10223990