

# UCC-3 Form - TERMINATION

*Original File Number:* **201921300510**

---

## **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**

---

**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: ASD SPECIALTY HEALTHCARE, LLC DBA BESSE MEDICAL**

---

**CUSTOMER REFERENCE: RI-0-83971500-62788398**

---