

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: **BURBANK VETERINARY SERVICES, INC**

Mailing Address: **54 RICHMOND TOWNHOUSE RD**

City, State Zip Country: **WYOMING, RI 02898 USA**

SECURED PARTY INFORMATION

Org. Name: **WELLS FARGO BANK, N.A.**

Mailing Address: **800 WALNUT STREET, F0005-044**

City, State Zip Country: **DES MOINES, IA 50309 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 301-0015323-000 2252 73236

COLLATERAL

THE EQUIPMENT DESCRIBED BELOW AND ALL EQUIPMENT PARTS, ACCESSORIES, SUBSTITUTIONS, ADDITIONS, ACCESSIONS AND REPLACEMENTS THERETO AND THEREOF, NOW OR HEREAFTER INSTALLED IN, AFFIXED TO, OR USED IN CONJUNCTION THEREWITH AND THE PROCEEDS THEREOF, TOGETHER WITH ALL INSTALLMENT PAYMENTS, INSURANCE PROCEEDS, OTHER PROCEEDS AND PAYMENTS DUE AND TO BECOME DUE ARISING FROM OR RELATING TO SAID EQUIPMENT. 1 IDEXX IMAGEVUE DR30 SYSTEM S/N I203008107, WJBFP7A1501, 3F8LDF3