

# UCC-3 Form - ASSIGNMENT

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## FILER INFORMATION

Full name: **CSC**

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## SEND ACKNOWLEDGEMENT TO

Contact name: **CSC**

Mailing Address: **801 ADLAI STEVENSON DRIVE**

City, State Zip Country: **SPRINGFIELD, IL 62703 USA**

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## SECURED PARTY INFORMATION

Org. Name: **USN OPCO, LLC**

Mailing Address: **2149 E. WARNER ROADM ,SUITE 104**

City, State Zip Country: **TEMPE, AZ 85284 USA**

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## ASSIGNEE INFORMATION

Org. Name: **BMO HARRIS BANK N.A., AS AGENT**

Mailing Address: **111 W MONROE STREET**

City, State Zip Country: **CHICAGO, IL 60603 USA**

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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: USN Opco, LLC**

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**CUSTOMER REFERENCE: 34164.00102 DEBTOR NEPHROLOGY ASSOCIATES, INC. : 468912 1**

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