

# UCC-3 Form - ASSIGNMENT

Original File Number: **202022482680**

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## FILER INFORMATION

Full name: **CSC**

Email Contact at Filer: **RISOSUCCFILINGSV3@CSCGLOBAL.COM**

## 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: **MIDCAP FUNDING IV TRUST, AS AGENT**

Mailing Address:

City, State Zip Country: **, USA**

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## ASSIGNEE INFORMATION

Org. Name: **WHITE OAK HEALTHCARE FINANCE, LLC, AS ADMINISTRATIVE AGENT**

Mailing Address: **1155 AVENUE OF THE AMERICAS, 15TH FLOOR**

City, State Zip Country: **NEW YORK, NY 10036 USA**

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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: MIDCAP FUNDING IV TRUST, AS AGENT**

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**CUSTOMER REFERENCE: 537267-25**

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