

UCC-3 Form - ASSIGNMENT

Original File Number: **201514758090**

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**

SECURED PARTY INFORMATION

Org. Name: **MIDCAP FUNDING IV TRUST. AS ADMINISTRATIVE AGENT**

Mailing Address:

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

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**

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: MIDCAP FUNDING IV TRUST. AS ADMINISTRATIVE AGENT

CUSTOMER REFERENCE: 537267-28
