

# UCC-3 Form - ASSIGNMENT

Original File Number: **201514758270**

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## FILER INFORMATION

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## SEND ACKNOWLEDGEMENT TO

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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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