

UCC-3 Form - TERMINATION

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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**

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: FIFTH THIRD BANK, NATIONAL ASSOCIATION

CUSTOMER REFERENCE: 001-11260 DEBTOR:WOOD RIVER ANIMAL HOSPITAL, INC. 2333 80981
