

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **WOLTERS KLUWER LIEN SOLUTIONS**

*Email Contact at Filer:* **CTLSWEBACK@WOLTERSKLUWER.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **LIEN SOLUTIONS**

*Mailing Address:* **P.O. Box 29071**

*City, State Zip Country:* **GLENDALE, CA 91209-9071 USA**

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## DEBTOR INFORMATION

*Org. Name:* **SOUTHERN NEW ENGLAND HEALTHCARE FOR WOMEN, LLC**

*Mailing Address:* **695 EDDY STREET STE 21**

*City, State Zip Country:* **PROVIDENCE, RI 02903 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **INTEGRATED COMMERCIALIZATION SOLUTIONS, LLC**

*Mailing Address:* **5025 PLANO PARKWAY**

*City, State Zip Country:* **CARROLLTON, TX 75010 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-87844652-64424216**

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## COLLATERAL

ALL INVENTORY PURCHASED FROM INTEGRATED COMMERCIALIZATION SOLUTIONS, LLC AND ANY PROCEEDS THERETO.