

UCC-1 Form

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**

DEBTOR INFORMATION

Org. Name: **INDEPENDENCE, LLC PRODUCTS FOR INDEPENDENT LIVING**

Mailing Address: **35 AGNES ST STE 1**

City, State Zip Country: **EAST PROVIDENCE, RI 02914 USA**

SECURED PARTY INFORMATION

Org. Name: **HEWLETT-PACKARD FINANCIAL SERVICES COMPANY**

Mailing Address: **200 CONNELL DRIVE**

City, State Zip Country: **BERKELEY HEIGHTS, NJ 07922 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: :5625993510311838USA1 2395 91740

COLLATERAL

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