

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: **HANDEL CENTER FOR SPINE, SPORTS AND PAIN INTERVENTION LLC**

Mailing Address: **100 HIGHLAND AVE , SUITE 101**

City, State Zip Country: **PROVIDENCE, RI 02906 USA**

SECURED PARTY INFORMATION

Org. Name: **CITIZENS BANK, N.A**

Mailing Address: **ONE CITIZENS PLAZA**

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

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: OPTIONAL FILER REFERENCE 2501 45297

COLLATERAL

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