

# UCC-1 Form

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## FILER INFORMATION

*Full name:*

*Email Contact at Filer:* UCCFILINGS@CLASINFO.COM

## SEND ACKNOWLEDGEMENT TO

*Contact name:* UCC eZFILE

*Mailing Address:* 2020 HURLEY WAY

*City, State Zip Country:* SACRAMENTO, CA 95825 USA

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## DEBTOR INFORMATION

*Org. Name:* ROBERT CAMPBELL, D.C., PROFESSIONAL CORPORATION

*Mailing Address:* 259 POST ROAD

*City, State Zip Country:* WESTERLY, RI 02891 USA

*Last Name (i.e. Family Name or Surname):* CAMPBELL *First Name:* ROBERT *Middle Name:* COLIN *Suffix:* JR.

*Mailing Address:* 259 POST ROAD

*City, State Zip Country:* WESTERLY, RI 02891 USA

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## SECURED PARTY INFORMATION

*Org. Name:* NCMIC FINANCE CORPORATION

*Mailing Address:* 14001 UNIVERSITY AVE

*City, State Zip Country:* CLIVE, IA 50325 USA

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## TRANSACTION TYPE: STANDARD

## CUSTOMER REFERENCE: 8910015897-1 CAMPBELL

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## COLLATERAL

INVSA-RED ELITE SERIES 12 AND ALL ACCESSORIES