

UCC-1 Form

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

DEBTOR INFORMATION

Org. Name: SHERRY MORRISSETTE, D.C., PROFESSIONAL CORPORATION

Mailing Address: 16 A NOOSENECK HILL ROAD

City, State Zip Country: WEST GREENWICH, RI 02817 USA

Last Name (i.e. Family Name or Surname): MORRISSETTE *First Name:* SHERRY *Middle Name:* BARBARA

Mailing Address: 16 A NOOSENECK HILL ROAD

City, State Zip Country: WEST GREENWICH, RI 02817 USA

SECURED PARTY INFORMATION

Org. Name: NCMIC FINANCE CORPORATION

Mailing Address: 14001 UNIVERSITY AVE

City, State Zip Country: CLIVE, IA 50325 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 8910015894-1 MORRISSETTE

COLLATERAL

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