

# UCC-1 Form

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## 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**

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## DEBTOR INFORMATION

*Org. Name:* **COMFORT MEDSPA & WELLNESS CENTER LLC**

*Mailing Address:* **1482 BROAD ST**

*City, State Zip Country:* **PROVIDENCE, RI 02905 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **NORTH MILL CREDIT TRUST**

*Mailing Address:* **9 EXECUTIVE CIRCLE SUITE 230**

*City, State Zip Country:* **IRVINE, CA 92614 USA**

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## TRANSACTION TYPE: STANDARD

## CUSTOMER REFERENCE: 2571 94619

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## COLLATERAL

ONE (1) AQUAFIRMEXS, S/N: EQ160964792EX23; ONE (1) ALPHA, S/N: 90161; TOGETHER WITH ALL PRESENT AND FUTURE ATTACHMENTS, ACCESSORIES, ADDITIONS, ACCESSIONS, PARTS AND SUPPLIES, AND ANY REPLACEMENTS THEREOF, INSTALLED IN, AFFIXED TO, OR USED IN CONNECTION WITH SAID PROPERTY AND ALL PROCEEDS OF SAID PROPERTY.