

UCC-1 Form

FILER INFORMATION

Full name: **WOLTERS KLUWER LIEN SOLUTIONS**

Email Contact at Filer: **CTLSWEBACK@WOLTERSKLUWER.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **LIEN SOLUTIONS**

Mailing Address: **P.O. Box 29071**

City, State Zip Country: **GLENDAL, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **FACIAL & ORAL SURGERY, LLC**

Mailing Address: **243 JEFFERSON BOULEVARD**

City, State Zip Country: **WARWICK, RI 02888 USA**

SECURED PARTY INFORMATION

Org. Name: **C T CORPORATION SYSTEM, AS REPRESENTATIVE**

Mailing Address: **330 N BRAND BLVD, SUITE 700; ATTN: SPRS**

City, State Zip Country: **GLENDAL, CA 91203 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-93425071-66780038

COLLATERAL

DEBTOR GRANTS TO CREDITOR A SECURITY INTEREST IN ALL OF THE RIGHT, TITLE AND INTEREST OF DEBTOR IN AND TO ALL BUSINESS ASSETS INCLUDING, BUT NOT LIMITED TO ACCOUNTS RECEIVABLES, INVENTORY, INSTRUMENTS, EQUIPMENT, INTANGIBLES, ACCOUNTS, CHATTELS, PAPER, GOOD WILL, SPECIFIC PROPERTY AND ALL PROPERTY OF DEBTOR AND ALL PROCEEDS THEREOF (COLLECTIVELY, THE "COLLATERAL"). THIS SECURITY INTEREST IS GRANTED TO CREDITOR BY DEBTOR TO SECURE PERFORMANCE AND PAYMENT OF ALL OBLIGATIONS AND INDEBTEDNESS OF DEBTOR TO CREDITOR HEREUNDER AND AS SET FORTH HEREIN.