

UCC-1 Form

FILER INFORMATION

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SEND ACKNOWLEDGEMENT TO

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City, State Zip Country: **SAN FRANCISCO, CA 94105 USA**

DEBTOR INFORMATION

Org. Name: **CENTER FOR HEALTH, INC.**

Mailing Address: **24 SALT POND RD STE C5**

City, State Zip Country: **SOUTH KINGSTOWN, RI 02879 USA**

SECURED PARTY INFORMATION

Org. Name: **941-X FUNDING Co., LLC**

Mailing Address: **251 LITTLE FALLS DRIVE**

City, State Zip Country: **WILMINGTON, DE 19808 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 13450308186

COLLATERAL

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