

UCC-1 Form

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**

DEBTOR INFORMATION

Org. Name: **BALENCIA MEDSPA + WELLNESS LLC**

Mailing Address: **1630 MINERAL SPRING AVE**

City, State Zip Country: **N PROVIDENCE, RI 02904 USA**

SECURED PARTY INFORMATION

Org. Name: **AMUR EQUIPMENT FINANCE, INC.**

Mailing Address: **304 W 3RD ST**

City, State Zip Country: **GRAND ISLAND, NE 68801 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2594 78099

COLLATERAL

ONE (1) EMSculpt NEO WORKSTATION, S/N: 89900B001916; 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.