

# 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:* **NORTHEAST CHIROPRACTIC, INC.**

*Mailing Address:* **187 WATERMAN ST**

*City, State Zip Country:* **PROVIDENCE, RI 02906 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **DE LAGE LANDEN FINANCIAL SERVICES, INC.**

*Mailing Address:* **1111 OLD EAGLE SCHOOL RD**

*City, State Zip Country:* **WAYNE, PA 19087 USA**

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## TRANSACTION TYPE: STANDARD

## CUSTOMER REFERENCE: 2647 20803

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## COLLATERAL

ALL EQUIPMENT LEASED OR FINANCED BY SECURED PARTY TO OR FOR DEBTOR PURSUANT TO SECURED PARTY'S CONTRACT NUMBER 500-50541559, TOGETHER WITH ALL ADDITIONS, ATTACHMENTS, ACCESSORIES AND SUBSTITUTIONS TO OR FOR THE SAME, AND ALL PROCEEDS OF THE FOREGOING, LEASE NUMBER 500-50541559