

UCC-1 Form

FILER INFORMATION

Full name: **ELIDAH WANJIRU**

Email Contact at Filer: **FULFILLMENT@MIDDESK.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **MIDDESK, INC.**

Mailing Address: **85 2ND STREET SUITE 710**

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

DEBTOR INFORMATION

Org. Name: **WARREN DENTAL ASSOCIATES, INC.**

Mailing Address: **634 MAIN ST**

City, State Zip Country: **WARREN, RI 02885-4387 USA**

SECURED PARTY INFORMATION

Org. Name: **MIDDESK INC.**

Mailing Address: **85 SECOND STREET**

City, State Zip Country: **SAN FRANCISCO, CA 94150 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: C1014605

COLLATERAL

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