

# 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: **ACCESS DENTAL CARE, P.C., INC.**

Mailing Address: **1234 MINERAL SPRING AVE**

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

**SECURED PARTY INFORMATION**

Org. Name: **U.S. BANK EQUIPMENT FINANCE, A DIVISION OF U.S. BANK NATIONAL ASSOCIATION**

Mailing Address: **1310 MADRID STREET**

City, State Zip Country: **MARSHALL, MN 56258 USA**

**TRANSACTION TYPE: STANDARD**

**CUSTOMER REFERENCE: RI-0-95996590-67884348**

**COLLATERAL**

1- PLANMILL 60 S AND ACCESSORIES 1- DESKTOP PC/MONITOR PLANMILL60S 1- PLANCAD PREMIUM ULTIMATE 1- FIT PLUS HQ TRAIN2PPL/INOFC60S 1- TRIOS 5 POD SCANNER 1- DELL PRECISION WORKSTATION 15 1- PRO 95 S 3D PRINTER 1- PRO CURE 2 1- SPRINTRAY PROWASH S 1- PROTECTION PLAN BUNDLE 1- 1ON1 WEB BASED TRAINING 1- PROGRAMAT CS6 FURNACE 110-240V/50- 1- PROGRAMAT S2 FURNACE 118-240V/50- 60Hz 1- STATIM G4 5000 AUTOCLAVE TOGETHER WITH ALL REPLACEMENTS, PARTS, REPAIRS, ADDITIONS, ACCESSIONS AND ACCESSORIES INCORPORATED THEREIN OR AFFIXED OR ATTACHED THERETO AND ANY AND ALL PROCEEDS OF THE FOREGOING, INCLUDING, WITHOUT LIMITATION, INSURANCE RECOVERIES.