

# UCC-1 Form

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## FILER INFORMATION

*Full name:*

*Email Contact at Filer:* UCCFILINGS@CLASINFO.COM

## SEND ACKNOWLEDGEMENT TO

*Contact name:* UCC EZFILE

*Mailing Address:* 1545 RIVER PARK DR., SUITE 330

*City, State Zip Country:* SACRAMENTO, CA 95815 USA

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## DEBTOR INFORMATION

*Org. Name:* CAPUTO CHIROPRACTIC INC.

*Mailing Address:* 1040 OAKLAWN AVE.

*City, State Zip Country:* CRANSTON, RI 02920 USA

*Last Name (i.e. Family Name or Surname):* CAPUTO *First Name:* EDWARD *Middle Name:* T.

*Mailing Address:* 1040 OAKLAWN AVE.

*City, State Zip Country:* CRANSTON, RI 02920 USA

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## SECURED PARTY INFORMATION

*Org. Name:* NCMIC FINANCE CORPORATION

*Mailing Address:* 14001 UNIVERSITY AVE

*City, State Zip Country:* CLIVE, IA 50325 USA

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: 8910003231-6 CAPUTO**

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## COLLATERAL

(1) BASE STATION 3, SN- BST-01088 (1) XLR8 DEVICE (NON-CLICK), SN- HLS-02437 (1) EVRL3 LASER (NON-CLICK), SN- EVRL-11668 (1) GVL LASER (NON-CLICK), SN- GVL-00440 (2) NEW GEN FLEX STANDS (1) LINEAR AND NON-LINEAR SOFTWARE