

UCC-1 Form

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

DEBTOR INFORMATION

Org. Name: ENOS CHIROPRACTIC CENTER, INC.

Mailing Address: 12 CALEF STREET

City, State Zip Country: WARWICK, RI 02886 USA

Last Name (i.e. Family Name or Surname): ENOS *First Name:* JAMIE *Middle Name:* MICHAEL

Mailing Address: 12 CALEF STREET

City, State Zip Country: WARWICK, RI 02886 USA

SECURED PARTY INFORMATION

Org. Name: NCMIC FINANCE CORPORATION

Mailing Address: 14001 UNIVERSITY AVE

City, State Zip Country: CLIVE, IA 50325 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 8910010055-2 ENOS

COLLATERAL

(1) ORTHOGOLD 350, SOFTWARE SYSTEM, WITH ALL ACCESSORIES.