

UCC-1 Form

FILER INFORMATION

Full name: **JOEL MWANGI**

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: **NORTH SMITHFIELD URGENT CARE LLC**

Mailing Address: **594 GREAT RD STE 102**

City, State Zip Country: **NORTH SMITHFIELD, RI 02896-6810 USA**

SECURED PARTY INFORMATION

Org. Name: **INNOVATION REFUNDS**

Mailing Address: **4350 WESTOWN PKWY 8 300**

City, State Zip Country: **WEST DES MOINES, IA 50266 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: C1024678

COLLATERAL

ALL RIGHT, TITLE, INTEREST, CLAIMS AND DEMANDS OF DEBTOR IN AND TO THE FOLLOWING PROPERTY: (A) ALL ERC CLAIMS (AS DEFINED BELOW); AND (B) ALL PROCEEDS AND COLLECTIONS WITH RESPECT TO ALL ERC CLAIMS (AS DEFINED BELOW) AND ALL RECORDS AND DATA RELATING THERETO. AS USED HEREIN, (I) "ERC CLAIMS" MEANS AND INCLUDES ANY AND ALL CLAIMS AND/OR REQUESTS FOR ERCS TO THE INTERNAL REVENUE SERVICE AND/OR ANY OTHER GOVERNMENTAL AND/OR QUASI-GOVERNMENTAL AUTHORITY; AND (II) "ERCS" MEANS EMPLOYEE RETENTION TAX CREDITS MADE AVAILABLE TO EMPLOYERS UNDER THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES ACT), AS MODIFIED.