

UCC-1 Form

FILER INFORMATION

Full name: CORPORATION SERVICE COMPANY

Email Contact at Filer: RISOSUCCFILINGSV3@CSCGLOBAL.COM

SEND ACKNOWLEDGEMENT TO

Contact name: CORPORATION SERVICE COMPANY

Mailing Address: 801 ADLAI STEVENSON DRIVE

City, State Zip Country: SPRINGFIELD, IL 62703 USA

DEBTOR INFORMATION

Org. Name: EPOCH SLEEP CENTERS LLC

Mailing Address: 6 BLACKSTONE VALLEY PLACE SUITE 707

City, State Zip Country: LINCOLN, RI 02865 USA

SECURED PARTY INFORMATION

Org. Name: DE LAGE LANDEN FINANCIAL SERVICES, INC.

Mailing Address: 1111 OLD EAGLE SCHOOL ROAD

City, State Zip Country: WAYNE, PA 19087 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 25705 - EPOCH SLEEP CENTERS LLC 2751 85708

COLLATERAL

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