

# UCC-3 Form - TERMINATION

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**FILER INFORMATION**

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**SEND ACKNOWLEDGEMENT TO**

Contact name: **U.S. SMALL BUSINESS ADMINISTRATION**

Mailing Address: **2 NORTH STREET, SUITE 320**

City, State Zip Country: **BIRMINGHAM, AL 35203 USA**

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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: COMPREHENSIVE PRACTICE MANAGEMENT SERVICES, INC.**

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