

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141							
B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com							
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 32814 - THE <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Lien Solutions</td> <td style="width: 40%; text-align: right;">100734475</td> </tr> <tr> <td>P.O. Box 29071</td> <td style="text-align: right;">RIRI</td> </tr> <tr> <td>Glendale, CA 91209-9071</td> <td></td> </tr> </table>		Lien Solutions	100734475	P.O. Box 29071	RIRI	Glendale, CA 91209-9071	
Lien Solutions	100734475						
P.O. Box 29071	RIRI						
Glendale, CA 91209-9071							
File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY CONTACT INFORMATION							

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name). If any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a ORGANIZATION'S NAME Crestview Dental Associates, Inc.				
OR 1b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c MAILING ADDRESS 41 EAST AVE		CITY WESTERLY	STATE RI	POSTAL CODE 02891
			COUNTRY USA	

2 DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name). If any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a ORGANIZATION'S NAME				
OR 2b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
2c MAILING ADDRESS		CITY	STATE	POSTAL CODE
			COUNTRY	

3 SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a ORGANIZATION'S NAME The Washington Trust Company, of Westerly				
OR 3b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c MAILING ADDRESS 23 Broad Street		CITY Westerly	STATE RI	POSTAL CODE 02891
			COUNTRY USA	

4 COLLATERAL This financing statement covers the following collateral:
FIRST SECURITY INTEREST IN EQUIPMENT SPECIFIED IN EXHIBIT B

5 Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable) <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA 100734475 MBE \$11,500	

EXHIBIT B

Debtor: Crestview Dental Associates, Inc.
41 East Avenue
Westerly, RI 02891

Secured Party: The Washington Trust Company
23 Broad Street
Westerly, RI 02891

Hardware

Item	Description	Qty	Price	Ext. Price
PC-Custom Built Server	Dental Office Server PowerEdge T360 Server - 8-Bay Hot Plug Chassis with TPM 2.0 - Intel Xeon E2488 (8C/16T) - 48 GB 4800MT/s UD:MM RAM - PERC H355 RAID Controller - BOSS Controller with Dual 480 GB M.2 Drives - RAID 1 (240 GB Usable Storage) - (4) 1.92 GB SATASSD Read-Intensive Drives in RAID 10 Array (3.84 GB usable storage) - Dual 600w Power Supply - Advanced Cooling (Required for BOSS Cards) - iDRAC9 Enterprise Controller for Remote Diagnostics, DVD-ROM, KBD, Mouse, Dual Gigabit - Windows Server 2022 (w/2019) and 15 Client Access Licenses - 7-Year Dell ProSupport Warranty with On-Site Next Business Day	1	\$9,285.00	\$9,285.00
PC-Custom Product	Power Distribution Unit 8 Outlet PDU for Data Rack	1	\$135.00	\$135.00
X3N6N	HW-DISP-Dell 17" LCD Square Monitor Q222 17" LCD Square Display E1715S - Display Type: LED-backlit LCD monitor / TFT active matrix	1	\$205.00	\$205.00

Subtotal: **\$9,625.00**