

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **NCS UCC SERVICES GROUP**

*Email Contact at Filer:* **UCC@NCSCREDIT.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **NCS UCC SERVICES GROUP**

*Mailing Address:* **PO BOX 24101**

*City, State Zip Country:* **CLEVELAND, OH 44124 USA**

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## DEBTOR INFORMATION

*Org. Name:* **MEDICAL ASSOCIATES OF RHODE ISLAND**

*Mailing Address:* **1180 HOPE STREET**

*City, State Zip Country:* **BRISTOL, RI 02809 USA**

*Org. Name:* **MEDICAL ASSOCIATES OF RHODE ISLAND, INC.**

*Mailing Address:* **1180 HOPE STREET**

*City, State Zip Country:* **BRISTOL, RI 02809 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **STENSON TAMADDON LLC**

*Mailing Address:* **200 E VAN BUREN ST, 3RD FLOOR**

*City, State Zip Country:* **PHOENIX, AZ 85004 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: U363229**

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## COLLATERAL

ALL ASSETS OF THE DEBTOR ARISING FROM DEBTOR'S APPLICATION FOR THE EMPLOYEE RETENTION TAX CREDIT IN ANY ELIGIBLE QUARTER, AS PROVIDED FOR UNDER TITLE 26 OF THE UNITED STATES CODE AND SECTION 2301 OF THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT, INCLUDING RELEVANT SUBSEQUENT AMENDMENTS, ENACTMENTS, AND APPROPRIATIONS.