

UCC-1 Form

FILER INFORMATION

Full name: **WOLTERS KLUWER LIEN SOLUTIONS**

Email Contact at Filer: **CTLSWEBACK@WOLTERSKLUWER.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **LIEN SOLUTIONS**

Mailing Address: **P.O. Box 29071**

City, State Zip Country: **GLENDAL, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **LINDSAY R. CASSIDY, DMD, LLC**

Mailing Address: **1750 MAIN RD**

City, State Zip Country: **TIVERTON, RI 02878 USA**

SECURED PARTY INFORMATION

Org. Name: **TD BANK, NATIONAL ASSOCIATION**

Mailing Address: **1701 ROUTE 70 EAST**

City, State Zip Country: **CHERRY HILL, NJ 08034 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-101425421-70390552

COLLATERAL

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