

UCC-1 Form

FILER INFORMATION

Full name:

Email Contact at Filer: UCCFILINGS@CLASINFO.COM

SEND ACKNOWLEDGEMENT TO

Contact name: UCC EZFILE

Mailing Address: 1545 RIVER PARK DR., SUITE 330

City, State Zip Country: SACRAMENTO, CA 95815 USA

DEBTOR INFORMATION

Org. Name: NEW HOPE CHIROPRACTIC, LLC

Mailing Address: 2728 PAWTUCKET AVENUE

City, State Zip Country: EAST PROVIDENCE, RI 02914 USA

Last Name (i.e. Family Name or Surname): LINCOLN *First Name:* RODGER *Middle Name:* B.

Mailing Address: 2728 PAWTUCKET AVENUE

City, State Zip Country: EAST PROVIDENCE, RI 02914 USA

SECURED PARTY INFORMATION

Org. Name: NCMIC FINANCE CORPORATION

Mailing Address: 14001 UNIVERSITY AVE

City, State Zip Country: CLIVE, IA 50325 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 8910000625-2 LINCOLN

COLLATERAL

NEW ACCU-SPINA DEVICE WITH SNAP ON CERVICAL AND SPINA 10 SOFTWARE AND ALL ACCESSOIRES.