

UCC-1 Form

FILER INFORMATION

Full name: CORPORATION SERVICE COMPANY

Email Contact at Filer: RISOSUCCFILINGSV3@CSCGLOBAL.COM

SEND ACKNOWLEDGEMENT TO

Contact name: CORPORATION SERVICE COMPANY

Mailing Address: 801 ADLAI STEVENSON DRIVE

City, State Zip Country: SPRINGFIELD, IL 62703 USA

DEBTOR INFORMATION

Org. Name: NEWPORT ORTHODONTICS, P.C.

Mailing Address: 15 OLD BEACH RD

City, State Zip Country: NEWPORT, RI 02840 USA

SECURED PARTY INFORMATION

Org. Name: DE LAGE LANDEN FINANCIAL SERVICES, INC.

Mailing Address: 1111 OLD EAGLE SCHOOL RD

City, State Zip Country: WAYNE, PA 19087 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2999 74518

COLLATERAL

ALL EQUIPMENT LEASED OR FINANCED BY SECURED PARTY TO OR FOR DEBTOR PURSUANT TO SECURED PARTY'S CONTRACT NUMBER 500-50664462, TOGETHER WITH ALL ADDITIONS, ATTACHMENTS, ACCESSORIES AND SUBSTITUTIONS TO OR FOR THE SAME, AND ALL PROCEEDS OF THE FOREGOING, LEASE NUMBER 500-50664462