

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: **EPOCH SLEEP CENTERS LLC**

Mailing Address: **6 BLACKSTONE VALLEY PLACE**

City, State Zip Country: **LINCOLN, RI 02865 USA**

SECURED PARTY INFORMATION

Org. Name: **NAVITAS CREDIT CORP.**

Mailing Address: **201 EXECUTIVE CENTER DR STE100**

City, State Zip Country: **COLUMBIA, SC 29210 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 3035 35844

COLLATERAL

DURABLE MEDICAL EQUIPMENT AS LISTED ON INVOICE NUMBERS 809005, 829012, IN-IIT012501-0154 & IN-IIT012501-0216 [(EQUIPMENT) TOGETHER WITH ANY AND ALL REPLACEMENTS, REPLACEMENT PARTS, ACCESSIONS AND ATTACHMENTS NOW OR HEREAFTER MADE A PART OF ANY OF THE EQUIPMENT AND ALL PROCEEDS THEREOF. AS USED HEREIN, ACCESSIONS AND PROCEEDS SHALL HAVE THE MEANING AS SET FORTH IN THE UNIFORM COMMERCIAL CODE AS PRESENTLY ADOPTED IN THE JURISDICTION HEREOF.