

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: **GLENDALE, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **MAPLE AVENUE FAMILY DENTISTRY, P.C.**

Mailing Address: **310 MAPLE AVE**

City, State Zip Country: **BARRINGTON, RI 02806 USA**

SECURED PARTY INFORMATION

Org. Name: **CHOICEHEALTH FINANCE**

Mailing Address: **1310 MADRID STREET**

City, State Zip Country: **MARSHALL, MN 56258 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-102815454-71046700

COLLATERAL

1-OP 3D EX PAN 3D FOV 10X11 1-3D SHIELDING PLAN REVIEW TOGETHER WITH ALL REPLACEMENTS, PARTS, REPAIRS, ADDITIONS, ACCESSIONS AND ACCESSORIES INCORPORATED THEREIN OR AFFIXED OR ATTACHED THERETO AND ANY AND ALL PROCEEDS OF THE FOREGOING, INCLUDING, WITHOUT LIMITATION, INSURANCE RECOVERIES.