UCC-3 Form - TERMINATION

Original File Number: **201009059000**

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**

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: CITIZENS BANK, N.A.

CUSTOMER REFERENCE: DEBTOR:BRISTOL COUNTY MEDICAL ASSOCIATES, INC. 3070 91437