

# UCC-1 Form

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## 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**

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## DEBTOR INFORMATION

*Org. Name:* **ME PSYCHOTHERAPY, LLC**

*Mailing Address:* **194 WATERMAN ST**

*City, State Zip Country:* **PROVIDENCE, RI 02906 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **CHTD COMPANY**

*Mailing Address:* **P.O. BOX 2576**

*City, State Zip Country:* **SPRINGFIELD, IL 62708 USA**

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## TRANSACTION TYPE: STANDARD

## CUSTOMER REFERENCE: 3079 21590

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## COLLATERAL

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