# UCC-1 Form

## FILER INFORMATION

*Full name:*

*Email Contact at Filer:* **UCCFILINGS@CLASINFO.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **UCC EZFILE**

*Mailing Address:* **1545 RIVER PARK DR., SUITE 330**

*City, State Zip Country:* **SACRAMENTO, CA 95815 USA**

## DEBTOR INFORMATION

*Org. Name:* **PROVIDENCE CHIROPRACTIC CLINIC, INC.**

*Mailing Address:* **1637 MINERAL SPRING AVE. #201**

*City, State Zip Country:* **NORTH PROVIDENCE, RI 02904 USA**

*Last Name (i.e. Family Name or Surname):* **LANCELLOTTI** *First Name:* **MICHAEL**

*Mailing Address:* **10 BLUEBERRY LANE**

*City, State Zip Country:* **SCITUATE, RI 02857 USA**

## SECURED PARTY INFORMATION

*Org. Name:* **NCMIC FINANCE CORPORATION**

*Mailing Address:* **14001 UNIVERSITY AVE**

*City, State Zip Country:* **CLIVE, IA 50325 USA**

## TRANSACTION TYPE: STANDARD

## COLLATERAL

INVISA-RED SERIES 12 AND ACCESSORIES