
UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolte	erskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	9418 - BB & T - MASTER
CT Lien Solutions	60346169
P.O. Box 29071 Glendale, CA 91209-9071	ALAL
	FIXTURE
File with: Shelby, AL	

20170828000311820 1/2 \$32.00 Shelby Cnty Judge of Probate, AL

File with: Shelby, AL DEBTOR'S NAME: Provide only gap Debtor name (a or 1b) (use exact. file name, do not own, modily, or abbreviste any part of the Debtor's name; if any part of the Individual Debtor Information in ferm 10 of the Finencing Statement Addendum (Form UCCLAd) Tax ORGANIZATION'S NAME: CUTANEOUS ONCOLOGY & SURGERRY CENTER, LLC 15, INDIVIDUAL'S SURGERRY CUTY STATE POSTAL CODE OTHER ADDRESS CITY STATE POSTAL CODE OTHER ADDRESS CITY STATE POSTAL CODE OUNTRY SECURED PARTY'S NAME (or NAME or ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY'S NAME (or NAME or ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY'S NAME (or NAME or ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY'S NAME (or NAME or ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY'S NAME (or NAME or ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY'S NAME (or NAME or ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY'S NAME (or NAME or ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY'S NAME (or NAME or ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY'S NAME (or NAME or ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY SECURED PARTY NAME (or NAME or ASSIGNOR SECURED PARTY		FIXT	IRF .		•	AM FILED/CERT	
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OPTIONAL FILER REFERENCE DATA:	Public-Finance Transaction	Vanufactured-Home Transaction	A Debtor is a Trans	smitting Utility	Agricul	tural Lien Non-L	JCC Filing
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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

1 .	a. ORGANIZATION'S NAME						
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9	b. INDIVIDUAL'S SURNAME						
FIRST PERSONAL NAME				20170828000311820 2/2 \$32.00 Shelby Cnty Judge of Probate, AL			
-	ADDITIONAL NAME(SYINITIAL(S)	SUFF	X		:39:50 AM FILED/		
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	EBTOR'S NAME: Provide (10a or 10b) only one additional Debtor on not omit, modify, or abbreviate any part of the Debtor's name) and enter			of the Financing St	atement (Form OCC1) (u	se exact, ium ii	
_	0a. ORGANIZATION'S NAME						
1	Ob. INDIVIDUAL'S SURNAME						
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Γ	ADDITIONAL SECURED PARTY'S NAME OF AS	SSIGNOR SECURED PA	RTY'S NAME: Pro	vide only one name	e (11a or 11b)		
늘	11a. ORGANIZATION'S NAME			vide only <u>one</u> fidin	J (174 G) 115/		
1	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	ME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
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