SEND ACKNOWLED  Bank RI  One Tul	IG STATEMENT  NS (front and back) CAREFULLY  CONTACT AT FILER [optional]  OGMENT TO: (Name and Address)  hode Island rks Head Place				
Provide	nce, Rl 02903	THE ABOVE S	SPACE IS FO	R FILING OFFICE US	E ONLY
DEBTOR'S EXACT	FULL LEGAL NAME - insert only one debtor name (1 NAME	a or 1b) - do not abbreviate or combine names			
Fitness Concep	ots, Inc.				
R 1b. INDIVIDUAL'S LAS	ST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
MAILING ADDRESS 560 Mineral Spring Avenue		CITY Pawtucket	STATE RI	POSTAL CODE 02860	COUNTR
SEE INSTRUCTIONS	ADD'LINFO RE 16. TYPE OF ORGANIZATION ORGANIZATION Corporation DEBTOR	1f. JURISDICTION OF ORGANIZATION RI	1g. ORG. 65067	ANIZATIONAL ID #, if any	П
ADDITIONAL DEBT	OR'S EXACT FULL LEGAL NAME - insert only one in NAME - insert only one in NAME	e debtor name (2a or 2b) - do not abbreviate or combi	ne names		<u>.                                    </u>
2b. INDIVIDUAL'S LA	ST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
: MAILING ADDRESS		СІТУ	STATE	POSTAL CODE	COUNTR
SEE INSTRUCTIONS	ADD'L INFO RE   2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any	
SECURED PART	Y'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN	OR S/P) - insert only one secured party name (3a or 3	3b)		
3a. ORGANIZATION'S Bank Rhode Is	ST MAME	FIRST NAME	MIDDLE NAME		SUFFIX
1	3 NAME		STATE	POSTAL CODE 02903	COUNTR
Bank Rhode Is  3b. INDIVIDUAL'S LA  3b. INDIVIDUAL'S LA  3c. MAILING ADDRESS  One Turks Head F		CITY Providence	RI		ii