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	C FINANCI	NO OTATE							
	C FINANC!		MENI back) CAREFULLY						
	IAME & PHONE OF C				Ī				
B. SEND ACKNOWLEDGMENT TO: [Name and Address]									
FANIK BUODE IOLAND									
' BANK RHODE ISLAND ATTN: LOAN SERVICING				·					
PO BOX 9488									
	PROVIDE	NCE, RI 0294	0-9488						
	1								
	<u> </u>				THE ABOVE SPAC	E IS FOR I	FILING OFFICE U	SE ONLY	
1. DI	EBTOR'S EXACT F	ULL LEGAL NAME	- insert only one debtor name (1a or	1b) - do not abbr					
		a. ORGANIZATION'S NAME  CAPITOL HOME CARE NETWORK, INC.							
QR	15. INDIVIDUAL'S LAS		ETWORK, INC.	FIRST NAME		MIDOLEI	T MIDDLE NAME		
	10. INDIVIDUAL'S LAST NAME			PIRST NAME		MIDDLE	MIDDLE NAME SUFFIX		
	AILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY	
	00 RESERVO		<del></del>		DENCE	RI	02907	USA	
N	XX ID #: SSN OR EIN OT REQUIRED IN	ADD'L INFO RE ORGANIZATION	19. TYPE OF ORGANIZATION  CORPORATION		TION OF ORGANIZATION  E ISLAND	1g. ORGA 86034	NIZATIONAL ID #, if any		
_	HODE ISLAND ODITIONAL DEBTO	DEBTOR	EGAL NAME: - insert only one de	<del></del>			+	NONE	
	2a. ORGANIZATION'S	NAME	institution of the	OUTO HEAT OF	20) GO NOT ADDIEVIALE OF COMBINE	names			
OR									
	2b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	MIDDLE NAME SUFFI		
2c. MAILING ADDRESS				CITY		STATE	POSTAL CODE	COUNTRY	
	X ID #: SSN OR EIN OT REQUIRED IN	ADD'L INFO RE ORGANIZATION	2e. TYPE OF ORGANIZATION	2f. JURISDIC	TION OF ORGANIZATION	2g. ORGA	NIZATIONAL ID #, if any		
	HODE ISLAND	DEBTOR						NONE	
J. J.	3a. ORGANIZATION'S	NAME	OTAL ASSIGNEE of ASSIGNOR S/P	) - insert only one	secured party name (3a or 3b)				
QB	BANK RHODE ISLAND								
	3b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	MIDDLE NAME			
3c. MAILING ADDRESS			CITY		STATE	STATE POSTAL CODE COUNT			
PO BOX 9488				PROVIDENCE		RI	02940	USA	
4. Thi	s FINANCING STATEME	NT covers the following	collateral:					1	
Αi	L ASSETS.								
,	, <del>100</del> -10.								
Pί	JRSUANT TO	RHODE ISLA	AND GENERAL LAW	/S S6A-9-	402(2)(c), THIS FIN	ANCING	STATEMENT	IS BEING	
			JRITY INTEREST IN						
FI'	NANCING ST	ATEMENT BE	ARING No. 2007044	46/680, E	SETWEEN FOREGO	JING DE	3 OR AND SE	:CURED	

PARTY ORIGINALLY FILED ON 01/02/07 @ 2:33 PM.

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AGLIEN NON-UCC FILING							
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]	7. TO REQUEST A SEARCH REPORT, FILE A UCC11						
8. OPTIONAL FILER REFERENCE DATA: RHODE ISLAND SECRETARY OF STATE							