

UCC-3 Form - Continuation

Original File Number: 200806501480 Original File Date: 7/11/2008 2:06:00 PM

FILER INFORMATION

Full name: CT LIEN SOLUTIONS Phone: (800)331-3282

CONTACT INFORMATION

Contact name: CT LIEN SOLUTIONS

Street #1: P.O. BOX 29071

Street #2: ORDER:38302982

City: GLENDALE State: CA ZIP: 91209-9071 Country: USA

Notification Method: E-MAIL Email: SOSACK@UCCDIRECT.COM

DEBTOR INFORMATION

Org. Name: PROVIDENCE LIFE CENTER

Mailing Address1: 18 CLIFF STREET

City: PROVIDENCE State: RI ZIP: 02908 Country: USA

SECURED PARTY INFORMATION

Org. Name: WEBSTER BANK, N.A.

Mailing Address1: 40 WESTMINSTER STREET, SUITE 204

City: PROVIDENCE State: RI ZIP: 02904 Country: USA

TRANSACTION TYPE: STANDARD