

UCC-3 Form - Continuation

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FILER INFORMATION

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CONTACT INFORMATION

Contact name: **CT LIEN SOLUTIONS**

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DEBTOR INFORMATION

Org. Name: **THREE ANGELS, LLC**

Mailing Address1: **511 ELMGROVE AVENUE**

City: **PROVIDENCE** State: **RI** ZIP: **02906** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **WEBSTER BANK, NATIONAL ASSOCIATION**

Mailing Address1: **40 WESTMINSTER STREET, SUITE 204**

City: **PROVIDENCE** State: **RI** ZIP: **02903** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: