UCC-3 Form - Continuation

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DEBTOR INFORMATION

Org. Name: **AGAPE MEDICAL SPA OF WARWICK, INC.**
Mailing Address1: **80 LAMBERT LIND HIGHWAY**
City: **WARWICK** *State:* **RI** *ZIP:* **02886** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **STERLING NATIONAL BANK**
Mailing Address1: **500 SEVENTH AVENUE 11TH FLOOR**
City: **NEW YORK** *State:* **NY** *ZIP:* **10018** *Country:* **USA**

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