UCC-3 Form - Continuation

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FILER INFORMATION

Full name: **NCS UCC SERVICES GROUP** *Phone:*

CONTACT INFORMATION

Contact name: **NCS UCC SERVICES GROUP**
Street #1: **PO BOX 24101**
City: **CLEVELAND** *State:* **OH** *ZIP:* **44124** *Country:* **USA**
Notification Method: **E-MAIL** *Email:* **UCC@NCSCREDIT.COM**

DEBTOR INFORMATION

Org. Name: **WOODLAND CONVALESCENT CENTER, INC.**
Mailing Address1: **70 WOODLAND ROAD**
City: **NORTH SMITHFIELD** *State:* **RI** *ZIP:* **02896** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **HALLSMITH SYSCO**
Mailing Address1: **380 SOUTH WORCESTER STREET**
City: **NORTON** *State:* **MA** *ZIP:* **02766** *Country:* **USA**

Org. Name: **SYSCO BOSTON, LLC**
Mailing Address1: **380 SOUTH WORCESTER STREET**
City: **NORTON** *State:* **MA** *ZIP:* **02766** *Country:* **USA**

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