

UCC-3 Form - Continuation

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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:44161717

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

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

DEBTOR INFORMATION

Org. Name: HOMEFRONT HEALTH CARE

Mailing Address1: 725 BRANCH AVENUE

City: PROVIDENCE State: RI ZIP: 02904-2278 Country: USA

SECURED PARTY INFORMATION

Org. Name: BANK OF AMERICA, N.A.

Mailing Address1: 1075 MAIN STREET

City: WALTHAM State: MA ZIP: 02451 Country: USA

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: