

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: **RIVERVIEW NURSING HOME, INC.**

Mailing Address1: **546 MAIN STREET**

City: **COVENTRY** State: **RI** ZIP: **02816** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **U.S. SECRETARY OF HOUSING AND URBAN DEVELOPMENT**

Mailing Address1: **451 SEVENTH STREET, S.W.**

City: **WASHINGTON** State: **DC** ZIP: **20410** Country: **USA**

Org. Name: **HOUSING & HEALTHCARE FINANCE, LLC**

Mailing Address1: **4445 WILLARD AVENUE, 5TH FLOOR**

City: **CHEVY CHASE** State: **MD** ZIP: **20815** Country: **USA**

ASSIGNEE INFORMATION

Org. Name: **HEARTLAND BANK**

Mailing Address1: **212 SOUTH CENTRAL**

City: **ST. LOUIS** State: **MO** ZIP: **63105** Country: **USA**

Org. Name: **HOUSING & HEALTHCARE FINANCE, LLC**

Mailing Address1: **2 WISCONSIN CIRCLE, SUITE 540**

City: **CHEVY CHASE** State: **MD** ZIP: **20815** Country: **USA**

TRANSACTION TYPE: STANDARD

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