UCC-3 Form - Continuation

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CONTACT INFORMATION

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DEBTOR INFORMATION

Org. Name: **M SQUARED SALON**
Mailing Address1: **239 ATWELLS AVE**
City: **PROVIDENCE** *State:* **RI** *ZIP:* **02903** *Country:* **USA**

Org. Name: **M SQUARED SALON, LLC**
Mailing Address1: **42 NEWBURY DR**
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SECURED PARTY INFORMATION

Org. Name: **SOUND GARDEN 1-770-218-5478**
Mailing Address1: **P.O. BOX 2028**
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