

UCC-3 Form - Continuation

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FILER INFORMATION

Full name: **ANNEMARIE FEELEY** Phone: **401-233-4721**

CONTACT INFORMATION

Contact name: **NAVIGANT CREDIT UNION**

Street #1: **MEMBER BUSINESS LENDING**

Street #2: **1005 DOUGLAS PIKE**

City: **SMITHFIELD** State: **RI** ZIP: **02917** Country: **USA**

Notification Method: **E-MAIL** Email: **AFEELEY@NAVIGANTCU.ORG**

DEBTOR INFORMATION

Org. Name: **COMPREHENSIVE PHYSICAL THERAPY, INC.**

Mailing Address1: **PO BOX 656**

City: **SLATERSVILLE** State: **RI** ZIP: **02876** Country: **USA**

Org. Name: **SLATERSVILLE CENTER'S PHYSICAL THERAPY**

Mailing Address1: **PO BOX 656**

City: **SLATERSVILLE** State: **RI** ZIP: **02876** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **NAVIGANT CREDIT UNION**

Mailing Address1: **1005 DOUGLAS PIKE**

City: **SMITHFIELD** State: **RI** ZIP: **02917** Country: **USA**

TRANSACTION TYPE: STANDARD

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