

UCC-3 Form - Continuation

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FILER INFORMATION

Full name: **ROSANNE ANGELL** Phone: **847-948-7520**

CONTACT INFORMATION

Contact name: **BAB SYSTEMS, INC.**

Street #1: **500 LAKE COOK RD., #475**

City: **DEERFIELD** State: **IL** ZIP: **60015** Country: **USA**

Notification Method: **E-MAIL** Email: **RANGELL@BABCORP.COM**

DEBTOR INFORMATION

Last Name: **D'AGOSTINO** First: **LINDA** Middle: **M.**

Mailing Address1: **10 STEPHANIE COURT**

City: **WARWICK** State: **RI** ZIP: **02889** Country: **USA**

Last Name: **DUARTE** First: **TERESA**

Mailing Address1: **35 FOUNTAIN STREET**

City: **PAWTUCKET** State: **RI** ZIP: **02860** Country: **USA**

Org. Name: **TERRYLIN ENTERPRISES, LLC**

Org. Type: **LLC** Jurisdiction: **RI** Org. ID: **201068158760**

Mailing Address1: **10 STEPHANIE COURT**

City: **WARWICK** State: **RI** ZIP: **02889** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **BAB SYSTEMS, INC.**

Mailing Address1: **500 LAKE COOK RD., #475**

City: **DEERFIELD** State: **IL** ZIP: **60015** Country: **USA**

TRANSACTION TYPE: **STANDARD**

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