

UCC-1 Form

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: ARAGAO FAMILY CHIROPRACTIC, INC

Mailing Address1: 655 MENDON ROAD

City: CUMBERLAND *State:* RI *ZIP:* 02864 *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
COLLATERAL IS / ADMINISTERED BY:
ALTERNATIVE DESIGNATION:

COLLATERAL

All of Debtor's personal property and fixtures, now owned and hereafter acquired by Debtor or in which Debtor has or may acquire an interest, whether now existing or hereafter arising, including the following, and all proceeds and products thereof; inventory, equipment, fixtures, accounts, general intangibles, chattel paper, instruments, documents, deposit accounts, letter-of-credit rights, investment property, and all books and records relating to any of the foregoing.