UCC-3 Form - Continuation

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DEBTOR INFORMATION

Org. Name: **THE ACADEMY OF HAIRDRESSING, LLC**
Mailing Address1: **20 SHARPE DRIVE**
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SECURED PARTY INFORMATION

Org. Name: **BANK OF AMERICA, N.A.**
Mailing Address1: **1075 MAIN STREET**
City: **WALTHAM** *State:* **MA** *ZIP:* **02451** *Country:* **USA**

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