

UCC-3 Form - Continuation

Original File Number: **648921** Original File Date: **3/1/1996**

FILER INFORMATION

Full name: **CT LIEN SOLUTIONS** Phone: **(800)331-3282**

CONTACT INFORMATION

Contact name: **CT LIEN SOLUTIONS**

Street #1: **P.O. BOX 29071**

Street #2: **ORDER:49701641**

City: **GLENDALE** State: **CA** ZIP: **91209-9071** Country: **USA**

Notification Method: **E-MAIL** Email: **SOSACK@UCCDIRECT.COM**

DEBTOR INFORMATION

Org. Name: **HYPERTENSION & NEPHROLOGY, INC.**

Mailing Address1: **1076 NORTH MAIN STREET UNIT 3**

City: **PROVIDENCE** State: **RI** ZIP: **02904** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **BANK OF AMERICA, NA**

Mailing Address1: **50 KENNEDY PLAZA**

City: **PROVIDENCE** State: **RI** ZIP: **02903** Country: **USA**

Org. Name: **FLEET NATIONAL BANK**

Mailing Address1: **111 WESTMINSTER STREET**

City: **PROVIDENCE** State: **RI** ZIP: **02903** Country: **USA**

TRANSACTION TYPE: STANDARD

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