UCC-3 Form - Continuation

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FILER INFORMATION

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CONTACT INFORMATION

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DEBTOR INFORMATION

Org. Name: **ATWILL CONROY DENTAL ASSOCIATES**
Mailing Address1: **1 THURBER AVE.**
City: **SMITHFIELD** *State:* **RI** *ZIP:* **02917** *Country:* **USA**

Org. Name: **CGHE DENTAL, LLC**
Mailing Address1: **1196 SMITH STREET**
City: **PROVIDENCE** *State:* **RI** *ZIP:* **02908** *Country:* **USA**

Org. Name: **CGHE HOLDINGS, LLC**
Mailing Address1: **1196 SMITH STREET**
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SECURED PARTY INFORMATION

Org. Name: **BANK OF AMERICA, N.A.**
Mailing Address1: **600 NORTH CLEVELAND AVE SUITE 300**
City: **WESTERVILLE** *State:* **OH** *ZIP:* **43082** *Country:* **USA**

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