

UCC-3 Form - Continuation

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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:51708855**

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

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

DEBTOR INFORMATION

Org. Name: **PELTON FAMILY CHIROPRACTIC CENTER, INC.**

Mailing Address1: **730 KINGSTOWN RD., SUITE 3**

City: **WAKEFIELD** State: **RI** ZIP: **02879** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **THE WASHINGTON TRUST COMPANY**

Mailing Address1: **23 BROAD STREET**

City: **WESTERLY** State: **RI** ZIP: **02891** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: