

UCC-3 Form - Continuation

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CONTACT INFORMATION

Contact name: **FIRST AMERICAN TITLE INSURANCE COMPANY**
Street #1: **5 FIRST AMERICAN WAY**
City: **SANTA ANA** State: **CA** ZIP: **92707** Country: **USA**
Notification Method: **E-MAIL** Email: **DLATHROP@FIRSTAM.COM**

DEBTOR INFORMATION

Org. Name: **JUST SOCCER INC.**
Mailing Address1: **689 QUAKER LANE**
City: **WEST WARWICK** State: **RI** ZIP: **02893** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **INDEPENDENCE BANK**
Mailing Address1: **1370 SOUTH COUNTY TRAIL**
City: **EAST GREENWICH** State: **RI** ZIP: **02818** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: