UCC-3 Form - Continuation

Original File Number: **201109877270** *Original File Date:* **5/5/2011 11:42:00 AM**

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:53273281**
City: **GLENDALE** *State:* **CA** *ZIP:* **91209-9071** *Country:* **USA**
Notification Method: **E-MAIL** *Email:* **SOSACK@UCCDIRECT.COM**

DEBTOR INFORMATION

Org. Name: **R.I. ANIMAL MEDICAL CENTER - FOUR PAWS PET RESORT, INC**
Mailing Address1: **343 WARWICK AVE.**
City: **WARWICK** *State:* **RI** *ZIP:* **02888** *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: