

UCC-3 Form - Continuation

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CONTACT INFORMATION

Contact name: **CSC**
Street #1: **801 ADLAI STEVENSON DRIVE**
City: **SPRINGFIELD** State: **IL** ZIP: **62703** Country: **USA**
Notification Method: **E-MAIL** Email: **ALEX.HEYEN@CSCGLOBAL.COM**

DEBTOR INFORMATION

Org. Name: **CHAPEL PHARMACY, INC.**
Mailing Address1: **17 CRESTVIEW DRIVE**
City: **GREENVILLE** State: **RI** ZIP: **02828** Country: **USA**

Org. Name: **CHAPEL PHARMACY, INC.**
Mailing Address1: **2081 DIAMOND HILL ROAD**
City: **CUMBERLAND** State: **RI** ZIP: **02864** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **KINRAY, INC.**
Mailing Address1: **152-35 TENTH AVENUE**
City: **WHITESTONE** State: **NY** ZIP: **11357** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: