

UCC-3 Form - Continuation

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FILER INFORMATION

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CONTACT INFORMATION

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DEBTOR INFORMATION

Org. Name: **NATHAN W. TILMAN, D.D.S., P.C.**

Mailing Address1: **136 BROADWAY**

City: **NEWPORT** State: **RI** ZIP: **02840** Country: **USA**

Org. Name: **NATHAN W. TILMAN, DDS. PC**

Mailing Address1: **3 BULL STREET**

City: **NEWPORT** State: **RI** ZIP: **02840** Country: **USA**

Org. Name: **SCHERFER PROPERTIES, LLC**

Mailing Address1: **136 BROADWAY**

City: **NEWPORT** State: **RI** ZIP: **02840** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **BANK OF AMERICA, N.A.**

Mailing Address1: **2740 AIRPORT DRIVE SUITE 300**

City: **COLUMBUS** State: **OH** ZIP: **43219** Country: **USA**

TRANSACTION TYPE: STANDARD

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