

UCC-3 Form - Continuation

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FILER INFORMATION

Full name: ANNEMARIE FEELEY Phone: 401-233-4721

CONTACT INFORMATION

Contact name: NAVIGANT CREDIT UNION

Street #1: MEMBER BUSINESS LENDING

Street #2: 1005 DOUGLAS PIKE

City: SMITHFIELD State: RI ZIP: 02917 Country: USA

Notification Method: E-MAIL Email: AFEELEY@NAVIGANTCU.ORG

DEBTOR INFORMATION

Org. Name: PROVIDENCE CHIROPRACTIC CLINIC, INC.

Mailing Address1: 1637 MINERAL SPRING AVENUE

City: NORTH PROVIDENCE State: RI ZIP: 02904 Country: USA

SECURED PARTY INFORMATION

Org. Name: NAVIGANT CREDIT UNION

Mailing Address1: 1005 DOUGLAS PIKE

City: SMITHFIELD State: RI ZIP: 02917 Country: USA

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: