UCC-3 Form - Continuation

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DEBTOR INFORMATION

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Mailing Address1: **725 RESERVOIR AVENUE, SUITES 307 AND 308**
City: **CRANSTON** *State:* **RI** *ZIP:* **02910** *Country:* **USA**

Org. Name: **UNIVERSITY NEUROLOGY, INC.**
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SECURED PARTY INFORMATION

Org. Name: **BANK RHODE ISLAND**
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