

UCC-3 Form - Continuation

Original File Number: **201211479900** Original File Date: **8/6/2012 1:35:00 PM**

FILER INFORMATION

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CONTACT INFORMATION

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DEBTOR INFORMATION

Org. Name: **UNIVERSITY CHIROPRACTIC LTD**

Mailing Address1: **45 EAGLE STREET, UNIT 100 BLDG J**

City: **PROVIDENCE** State: **RI** ZIP: **02909** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **BANK RHODE ISLAND**

Mailing Address1: **137 PITMAN STREET**

City: **PROVIDENCE** State: **RI** ZIP: **02906** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: