

# UCC-3 Form - CONTINUATION

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## **FILER INFORMATION**

*Full name:*

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## **SEND ACKNOWLEDGEMENT TO**

*Contact name:*

*Mailing Address:* **400 GARDEN CITY PLAZA, SUITE 403**

*City, State Zip Country:* **GARDEN CITY, NY 11530 USA**

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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: INTERCOUNTY APPLIANCE CORP.**

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