

# UCC-3 Form - CONTINUATION

*Original File Number:* **201008632150**

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## FILER INFORMATION

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## SEND ACKNOWLEDGEMENT TO

*Contact name:* **NAVIGANT CREDIT UNION**

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*City, State Zip Country:* **SMITHFIELD, RI 02917 USA**

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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT:** NAVIGANT CREDIT UNION

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**CUSTOMER REFERENCE:** COMPREHENSIVE PHYSICAL THERAPY

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