

# UCC-3 Form - CONTINUATION

*Original File Number:* **201009330640**

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## FILER INFORMATION

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## SEND ACKNOWLEDGEMENT TO

*Contact name:* **BAB SYSTEMS, INC.**

*Mailing Address:* **500 LAKE COOK RD., #475**

*City, State Zip Country:* **DEERFIELD, IL 60015 USA**

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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: BAB SYSTEMS, INC.**

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