

UCC-1 Form

FILER INFORMATION

Full name: **BEN ANDREW**

Email Contact at Filer: **BANDREW@PEOPLESUCU.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **PEOPLES CREDIT UNION**

Mailing Address: **858 WEST MAIN RD**

City, State Zip Country: **MIDDLETOWN, RI 02842 USA**

DEBTOR INFORMATION

Org. Name: **PRUITT CHIROPRACTIC LTD**

Mailing Address: **42 VALLEY RD STE 1**

City, State Zip Country: **MIDDLETOWN, RI 02842 USA**

SECURED PARTY INFORMATION

Org. Name: **THE PEOPLE'S CREDIT UNION**

Mailing Address: **858 WEST MAIN RD**

City, State Zip Country: **MIDDLETOWN, RI 02842 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

ALL INVENTORY, CHATTEL PAPER, ACCOUNTS, EQUIPMENT, GENERAL INTANGIBLES AND FIXTURES; WHETHER ANY OF THE FOREGOING IS OWNED NOW OR ACQUIRED LATER; ALL ACCESSIONS, ADDITIONS, REPLACEMENTS, AND SUBSTITUTIONS RELATING TO ANY OF THE FOREGOING; ALL RECORDS OF ANY KIND RELATING TO ANY OF THE FOREGOING.