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UCC-1 Form

FILER INFORMATION

Full name: CORPORATION SERVICE COMPANY

Email Contact at Filer: RISOSUCCFILINGSV3@cscglobal.com

SEND ACKNOWLEDGEMENT TO

Contact name: Corporation Service Company

Mailing Address: 801 Adlai Stevenson Drive

City, State Zip Country: Springfield, IL 62703 USA

DEBTOR INFORMATION

Org. Name: GATEWAY HEARING SOLUTIONS, INC.

Mailing Address: 215 Toll Gate Road, Suite 302

City, State Zip Country: WARWICK, RI 02886 USA

SECURED PARTY INFORMATION

Org. Name: CITIZENS BANK, N.A

Mailing Address: ONE CITIZENS PLAZA

City, State Zip Country: PROVIDENCE, RI 02903 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: OPTIONAL FILER REFERENCE 2113 74372

COLLATERAL

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