

UCC-3 Form - CONTINUATION

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FILER INFORMATION

Full name: **MARK HAMMOND**

Email Contact at Filer: **FOSTERSENIORHOUSING@GMAIL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **FOSTER SENIOR HOUSING INC**

Mailing Address: **110 FOSTER CENTER RD**

City, State Zip Country: **FOSTER, RI 02825 USA**

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: FOSTER SENIOR HOUSING INC
