

UCC-3 Form - CONTINUATION

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FILER INFORMATION

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Mailing Address: **1005 DOUGLAS PIKE**

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

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

CUSTOMER REFERENCE: PROVIDENCE CHIROPRACTIC CLINIC, INC.
