

UCC-3 Form - CONTINUATION

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FILER INFORMATION

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SEND ACKNOWLEDGEMENT TO

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NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: SANTANDER BANK, N.A. FNA SOVEREIGN BANK, N.A.

CUSTOMER REFERENCE: 0461 DEBTOR:UNITED CEREBRAL PALSY OF RHODE ISLAND, INC. 2298 31119
