

UCC-3 Form - CONTINUATION

Original File Number: **201718949410**

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**

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: DE LAGE LANDEN FINANCIAL SERVICES, INC.

CUSTOMER REFERENCE: WARREN ANIMAL HOSPITAL, INC. 2420 03098
