

UCC-3 Form - CONTINUATION

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FILER INFORMATION

Full name: **CORPORATION SERVICE COMPANY**

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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: B. BRAUN MEDICAL INC.

CUSTOMER REFERENCE: DEBTOR=AMERITA, INC. 2448 19455
