

# UCC-3 Form - CONTINUATION

*Original File Number:* **201312515200**

---

## 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: CITIZENS BANK, N.A. FORMERLY KNOWN AS RBS CITIZENS, N.A.**

---

**CUSTOMER REFERENCE: DEBTOR:SOUTH COUNTY HOSPITAL HEALTHCARE SYSTEM ENDOWMENT 2457 89290**

---