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UCC-1 Form

FILER INFORMATION

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DEBTOR INFORMATION

Org. Name: MALCHAR CHIROPRACTIC CENTER, LTD.

Mailing Address: 33 COLLEGE HILL ROAD, SUITE 30C

City, State Zip Country: WARWICK, RI 02886 USA

SECURED PARTY INFORMATION

Org. Name: CITIZENS BANK, N.A

Mailing Address: ONE CITIZENS PLAZA

City, State Zip Country: PROVIDENCE, RI 02903 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: OPTIONAL FILER REFERENCE 2637 41557

COLLATERAL

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