

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**

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

CUSTOMER REFERENCE: WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 2653 09461
