

UCC-1 Form

FILER INFORMATION

Full name:

Email Contact at Filer: CHERYL.BONVEGNA@BANKNEWPORT.COM

SEND ACKNOWLEDGEMENT TO

Contact name: BANKNEWPORT, C/O CREDIT ADMINISTRATION DEPARTMENT

Mailing Address: 184 JOHN CLARKE ROAD

City, State Zip Country: MIDDLETOWN, RI 02842 USA

DEBTOR INFORMATION

Org. Name: FOUR WINDS CHIROPRACTIC INC

Mailing Address: 2006 NOOSENECK HILL ROAD

City, State Zip Country: COVENTRY, RI 02816 USA

SECURED PARTY INFORMATION

Org. Name: BANKNEWPORT, C/O CREDIT ADMINISTRATION DEPARTMENT

Mailing Address: 184 JOHN CLARKE ROAD

City, State Zip Country: MIDDLETOWN, RI 02842 USA

TRANSACTION TYPE: STANDARD

COLLATERAL

ALL TANGIBLE AND INTANGIBLE PERSONAL PROPERTY OF THE BORROWER, WHETHER NOW OWNED OR HEREAFTER ACQUIRED, OR IN WHICH THE BORROWER MAY NOW HAVE OR HEREAFTER ACQUIRE AN INTEREST, WHEREVER LOCATED, INCLUDING ALL MACHINERY, EQUIPMENT, FURNITURE, FIXTURES, INVENTORY, RECEIVABLES, ACCOUNTS, CONTRACTS, CONTRACT RIGHTS, GENERAL INTANGIBLES, CHATTEL PAPER AND INSTRUMENTS, ANY AND ALL SUBSTITUTIONS THEREFORE AND REPLACEMENTS THEREOF, AND ANY AND ALL ADDITIONS AND ACCESSIONS THERETO, AND ALL PROCEEDS AND PRODUCTS THEREOF.