

# UCC-3 Form - CONTINUATION

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## FILER INFORMATION

Full name: **JEFF WRIGHT**

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## SEND ACKNOWLEDGEMENT TO

Contact name: **HOME CARE ADVANTAGE, INC**

Mailing Address: **165 BURNSIDE STREET**

City, State Zip Country: **CRANSTON, RI 02910 USA**

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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: HARBORONE BANK**

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**CUSTOMER REFERENCE: 11544700081040**

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