

UCC-3 Form - CONTINUATION

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FILER INFORMATION

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SEND ACKNOWLEDGEMENT TO

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

Mailing Address: **165 BURNSIDE STREET**

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

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

CUSTOMER REFERENCE: 11544700081040
