

# UCC-3 Form - CONTINUATION

*Original File Number:* **200908017870**

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## FILER INFORMATION

*Full name:* **JEFF WRIGHT**

*Email Contact at Filer:* **JWRIGHT@HARBORONE.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **HOME CARE ADVANTAGE CHC, 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: 11544600011034**

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