

# UCC-3 Form - CONTINUATION

*Original File Number:* **201514710340**

---

## FILER INFORMATION

*Full name:* **KRISTEN L FREE**

*Email Contact at Filer:* **KFREE@NAVIGANTCU.ORG**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **NAVIGANT CREDIT UNION**

*Mailing Address:* **NAVIGANT CREDIT UNION**

*City, State Zip Country:* **SMITHFIELD, RI 02917 USA**

---

**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT:** NAVIGANT CREDIT UNION

---

**CUSTOMER REFERENCE:** OPTIMIZED MEDICAL LLC

---