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DEBTOR INFORMATION

Org. Name: PROACTIVE WELLNESS HOLDING, LLC

Mailing Address: 140 Point Judith Road, Suite 47 & 48

City, State Zip Country: NARRAGANSETT, RI 02882 USA

Org. Name: PROACTIVE PHYSICAL THERAPY, INC.

Mailing Address: 140 Point Judith Road, Suite 47 & 48

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SECURED PARTY INFORMATION

Org. Name: NAVIGANT CREDIT UNION

Mailing Address: 1005 DOUGLAS PIKE

City, State Zip Country: SMITHFIELD, RI 02917 USA

TRANSACTION TYPE: STANDARD

COLLATERAL

COLLATERAL MEANS ALL BUSINESS ASSETS INCLUDING BUT NOT LIMITED TO: (A) ALL EQUIPMENT AND MACHINERY, INCLUDING POWER-DRIVEN MACHINERY AND EQUIPMENT, FURNITURE AND FIXTURES NOW OWNED OR HEREAFTER ACQUIRED, TOGETHER WITH ALL REPLACEMENTS THEREOF, ALL ATTACHMENTS, ACCESSORIES, PARTS AND TOOLS BELONGING THERETO OR FOR USE IN CONNECTION THEREWITH; (B) ALL INVENTORY, RAW MATERIALS, WORK IN PROCESS AND SUPPLIES NOW OWNED OR HEREINAFTER ACQUIRED; (C) ALL ACCOUNTS RECEIVABLE NOW OUTSTANDING OR HEREAFTER ARISING, CHATTEL PAPER NOW IN FORCE OR HEREAFTER ACQUIRED; (D) ALL CONTRACT RIGHTS AND GENERAL INTANGIBLES NOW IN FORCE OR HEREAFTER ACQUIRED AND ANY AND ALL CLAIMS, RIGHTS AND INTERESTS IN ANY OF THE ABOVE AND ALL SUBSTITUTIONS FOR, ADDITIONS, ATTACHMENTS, ACCESSORIES, ACCESSIONS AND IMPROVEMENTS TO AND REPLACEMENTS, PRODUCTS, PROCEEDS AND INSURANCE PROCEEDS OF ANY OR ALL OF THE FOREGOING.