

UCC-3 Form - CONTINUATION

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FILER INFORMATION

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SEND ACKNOWLEDGEMENT TO

Contact name: **CORPORATION SERVICE COMPANY**

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City, State Zip Country: **SPRINGFIELD, IL 62703 USA**

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: CITIZENS BANK, N.A.

CUSTOMER REFERENCE: DEBTOR:THE PROVIDENCE COMMUNITY HEALTH CENTERS, INC. 3097 35372
