UCC-1 Form

FILER INFORMATION

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SEND ACKNOWLEDGEMENT TO

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City, State Zip Country: **PROVIDENCE, RI 02903 USA**

DEBTOR INFORMATION

Org. Name: **PROVIDENCE PHYSICAL THERAPY ASSOCIATES, INC.**

Mailing Address: **655 BROAD STREET**

City, State Zip Country: **PROVIDENCE, RI 02907 USA**

SECURED PARTY INFORMATION

Last Name (i.e. Family Name or Surname): **MURPHY** *First Name:* **ALICE** *Middle Name:* **A.**

Mailing Address: **81 BRIARCLIFFE ROAD**

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

TRANSACTION TYPE: STANDARD

COLLATERAL

ALL ASSETS OF DEBTOR.