

# UCC-3 Form - CONTINUATION

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## FILER INFORMATION

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

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## SEND ACKNOWLEDGEMENT TO

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

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

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

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

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**CUSTOMER REFERENCE:** **MARCIA BEAUTY SALON, INC.**

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