2		•			
CC FINANCING STATEMENT LLOW INSTRUCTIONS (front and back) CA	REFULLY				
NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818) 662-4141				
SEND ACKNOWLEDGEMENT TO: (Name and Address)	8719 CENTE	R CAPITAL			
UCC Direct Services	114057	23			
P.O. Box 29071	DIDI				
Glendale, CA 91209-9071	RIRI	1			
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				ILING OFFICE USE ONL	Y
EBTOR'S EXACT FULL LEGAL NAME - insert onling of the control of th	y o <u>ne</u> debtor name (1a	a or 1b) - do not abbreviate or comb	ine names		
Waste Recyclers, LLC					
Ib. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME	
MAILING ADDRESS Jackson Flat Rd.		сіту Норе	STATE RI	POSTAL CODE 02831	COUNTRY
EE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR LLC		1f. JURISDICTION OF ORGANIZATIO	1 -	1g. ORGANIZATIONAL ID #, if any 118148	
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ECURED PARTY'S NAME (or NAME of TOTAL AS	SSIGNEE of ASSIGNO	PR S/P) - insert only one_secured p	arty name (3a or 3b))	
3a. ORGANIZATION'S NAME Center Capital Corporation					
3b. INDIVIDUAL'S LAST NAME		FIRST NAME MIDDLE NAME		NAME	SUFFIX
S. NO. NO. S. E. G. E. G. T.			11112012		001117
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Contracts

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