

UCC-3 Form - Assignment

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FILER INFORMATION

Full name: **SMS FINANCIAL XV, LLC** Phone: **602-944-0624**

CONTACT INFORMATION

Contact name: **SMS FINANCIAL XV, LLC**

Street #1: **2645 N 7TH AVE**

City: **PHOENIX** State: **AZ** ZIP: **85007** Country: **USA**

Notification Method: **E-Mail** Email: **ltatum@smsfinancial.net**

DEBTOR INFORMATION

Last Name: **TORRES** First: **JOSE** Middle: **G.**

Mailing Address1: **22 BERGER STREET**

City: **PROVIDENCE** State: **RI** ZIP: **02908** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **SOVEREIGN BANK**

Mailing Address1: **2 ALDWYN CENTER 20-536-SB3**

City: **VILLANOVA** State: **PA** ZIP: **19085** Country: **USA**

ASSIGNEE INFORMATION

Org. Name: **SMS FINANCIAL XV, LLC**

Mailing Address1: **2645 N 7TH AVE**

City: **PHOENIX** State: **AZ** ZIP: **85007** Country: **USA**

TRANSACTION TYPE: STANDARD