# UCC-1 Form

## FILER INFORMATION

Full name: MANDY DIETZ Phone: 651-488-0100

#### **CONTACT INFORMATION**

Contact name: CAPITOL LIEN Street #1: 1010 N. DALE ST.

City: ST. PAUL State: MN ZIP: 55117 Country: USA

Notification Method: E-Mail Email: FILINGS@CAPITOLLIEN.COM

## **DEBTOR INFORMATION**

Last Name: MURILLO First: SERGIO Middle: J

Mailing Address 1: 63 GLENBRIDGE AVENUE

City: PROVIDENCE State: RI ZIP: 02909 Country: USA

Org. Name: S & M TRUCKING

Org. Type: SOLE PROP Jurisdiction: RI Org. ID: NONE

Mailing Address 1: 63 GLENBRIDGE AVENUE

City: PROVIDENCE State: RI ZIP: 02909 Country: USA

## SECURED PARTY INFORMATION

Org. Name: SECURITY CREDIT CORPORATION

Mailing Address1: PO BOX

City: SIOUX FALLS State: SD ZIP: 57101 Country: USA

### TRANSACTION TYPE:

#### **COLLATERAL**

All assets of the Debtor.

Notice – Pursuant to an agreement between Debtor and Secured Party, debtor has agreed not to grant a security interest in the above collateral to any other entity. Accordingly, the acceptance of any security interest by anyone other than the Secured Party is likely to constitute the tortuous interference with the Secured Party's rights.

In the event that any entity is granted a security interest in Debtor's accounts, chattel paper or general intangibles contrary to the above, the Security Party asserts a claim to any proceeds thereof received by such entity.