

UCC-1 Form

FILER INFORMATION

Full name: **SARA WHITFIELD** Phone: **800-551-2994**

CONTACT INFORMATION

Contact name: **YAMAHA MOTOR CORPORATION, USA**

Street #1: **6555 KATELLA AVE**

City: **CYPRESS** State: **CA** ZIP: **90630** Country: **USA**

Notification Method: **E-Mail** Email: **sara_whitfield@yamaha-motor.com**

DEBTOR INFORMATION

Org. Name: **AGAWAMHUNT**

Org. Type: **CORPORATION** Jurisdiction: **RI** Org. ID: **000026058**

Mailing Address1: **P.O. BOX 4817**

City: **RUMFORD** State: **RI** ZIP: **02916** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **YAMAHA MOTOR CORPORATION, USA**

Mailing Address1: **6555 KATELLA AVE**

City: **CYPRESS** State: **CA** ZIP: **90630** Country: **USA**

TRANSACTION TYPE:

COLLATERAL

ALL GOLF CARS MANUFACTURED BY YAMAHA IN WHICH DEBTOR NOW OR HEREAFTER HAS RIGHTS AND ALL PROCEEDS OF YAMAHA GOLF CARS INCLUDING, WITHOUT LIMITATION, ALL PROPERTY OF ANY TYPE ACQUIRED WITH CASH PROCEEDS.