

UCC-1 Form

FILER INFORMATION

Full name: **YAMAHA MOTOR CORPORATION** *Phone:* **800-551-2994**

CONTACT INFORMATION

Contact name: **SARA WHITFIELD**

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: **TGP, LLC.**

Org. Type: **LLC.** *Jurisdiction:* **RI** *Org. ID:* **000136235**

Mailing Address1: **615 CALLAHAN RD.**

City: **NORTH KINGSTON** *State:* **RI** *ZIP:* **02852** *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.