UCC-1 Form

CONTACT INFORMATION

Contact name: **KNIGHT CAPITAL FUNDING,LLC**
Street #1: **6901 MICHIGAN AVE**
Street #2: **230**
City: **MIAMI BEACH** *State:* **FL** *ZIP:* **33015** *Country:* **USA**
Notification Method: **E-MAIL** *Email:* **JARED@KNIGHTCAPITALFUNDING.COM**

DEBTOR INFORMATION

Last Name: **ANDRADE** *First:* **KENNETH**
Mailing Address1: **1 PAWTUCKET AVE**
City: **BRISTOL** *State:* **RI** *ZIP:* **02805** *Country:* **USA**

Org. Name: **HOT RIDES, INC.**
Mailing Address1: **30 VETERAN'S MEMORIAL**
Mailing Address2: **230**
City: **EAST PROVIDENCE** *State:* **RI** *ZIP:* **02914** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **KNIGHT CAPITAL FUNDING**
Mailing Address1: **1691 MICHIGAN AVE**
Mailing Address2: **230**
City: **MIAMI BEACH** *State:* **FL** *ZIP:* **33139** *Country:* **USA**

TRANSACTION TYPE: **PUBLIC FINANCE**
COLLATERAL IS / ADMINISTERED BY:
ALTERNATIVE DESIGNATION: