UCC-1 Form

CONTACT INFORMATION

Contact name: **BAYCOAST BANK**
Street #1: **P.O. BOX 311**
City: **FALL RIVER** *State:* **MA** *ZIP:* **02721** *Country:* **USA**
Notification Method: **E-MAIL** *Email:* **DGIAMBAZI@BAYCOASTBANK.COM**

DEBTOR INFORMATION

Org. Name: **P.D. HUMPHREY CO., INC.**
Mailing Address1: **590 MAIN ROAD**
City: **TIVERTON** *State:* **RI** *ZIP:* **02878** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **BAYCOAST BANK**
Mailing Address1: **P.O. BOX 1311**
City: **FALL RIVER** *State:* **MA** *ZIP:* **02722** *Country:* **USA**

TRANSACTION TYPE: **STANDARD**
COLLATERAL IS / ADMINISTERED BY:
ALTERNATIVE DESIGNATION:

COLLATERAL
Accounts Receivable of P.D. Humphrey Co., Inc.