UCC-1 Form

FILER INFORMATION

Full name: **PATTY BRYANT** *Phone:* **913-663-9411**

CONTACT INFORMATION

Contact name: **MULTI SERVICE TECHNOLOGY SOLUTIONS INC**

Street #1: **8650 COLLEGE BLVD**

City: **OVERLAND PARK** *State:* **KS** *ZIP:* **66210** *Country:* **USA**

Notification Method: **E-MAIL** *Email:* **PJBRYANT@MULTISERVICE.COM**

DEBTOR INFORMATION

Org. Name: **EAGLE TRANSPORTATION INC**

Mailing Address1: **7 CASTLETON DR**

City: **CRANSTON** *State:* **RI** *ZIP:* **02921** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **MULTI SERVICE TECHNOLOGY SOLUTIONS INC**

Mailing Address1: **8650 COLLEGE BLVD**

City: **OVERLAND PARK** *State:* **KS** *ZIP:* **66210** *Country:* **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: