

UCC-1 Form

FILER INFORMATION

Full name: **CHERYL A. FALLON** *Phone:* **401-453-2300**

CONTACT INFORMATION

Contact name: **LISA M. KRESGE, ESQ.**

Street #1: **362 BROADWAY**

City: **PROVIENCE** *State:* **RI** *ZIP:* **02909** *Country:* **USA**

Notification Method: **E-MAIL** *Email:* **CFALLON@BRCSM.COM**

DEBTOR INFORMATION

Org. Name: **DETROIT COLLISION CENTER, INC.**

Mailing Address1: **1189 DOUGLAS AVENUE**

City: **NORTH PROVIDENCE** *State:* **RI** *ZIP:* **02904** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **NAVIGANT CREDIT UNION**

Mailing Address1: **1005 DOUGLAS PIKE**

Mailing Address2: **ATTN: MEMBER BUS. LENDING**

City: **SMITHFIELD** *State:* **RI** *ZIP:* **02917** *Country:* **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION:

COLLATERAL

All of Debtor’s personal property and fixtures, now owned and hereafter acquired by Debtor or in which Debtor has or may hereafter acquire an interest, whether now existing or hereafter arising, including the following, and all proceeds and products thereof: inventory, equipment, fixtures, accounts, general intangibles, chattel paper, instruments, documents, deposit accounts, letter-of-credit rights, investment property, and all books and records relating to any of the foregoing.