

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **NCS UCC SERVICES GROUP**

*Email Contact at Filer:* **UCC@NCSCREDIT.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **NCS UCC SERVICES GROUP**

*Mailing Address:* **PO Box 24101**

*City, State Zip Country:* **CLEVELAND, OH 44124 USA**

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## DEBTOR INFORMATION

*Org. Name:* **BEMEX FOOD LLC**

*Mailing Address:* **106 GRAY STREET**

*City, State Zip Country:* **PROVIDENCE, RI 02909 USA**

*Last Name (i.e. Family Name or Surname):* **ROMAN** *First Name:* **MIQUEL**

*Mailing Address:* **106 GRAY STREET**

*City, State Zip Country:* **PROVIDENCE, RI 02909 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **PERFORMANCE FOOD GROUP, INC.**

*Mailing Address:* **ONE PERFORMANCE BLVD.**

*City, State Zip Country:* **SPRINGFIELD, MA 01104 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: NCS UCC #U210905**

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## COLLATERAL

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