

UCC-1 Form

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**

DEBTOR INFORMATION

Org. Name: **B'Z BREAKFAST, BURGERS & BEYOND, LLC**

Mailing Address: **15 TONI CIRCLE**

City, State Zip Country: **NORTH SMITHFIELD, RI 02896 USA**

Last Name (i.e. Family Name or Surname): **BROOKS** *First Name:* **GERI** *Middle Name:* **DALE**

Mailing Address: **15 TONI CIRCLE**

City, State Zip Country: **NORTH SMITHFIELD, RI 02896 USA**

SECURED PARTY INFORMATION

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

Mailing Address: **ONE PERFORMANCE BLVD.**

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

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: NCS# U213770

COLLATERAL

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