

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **KATHLEEN HANDYSIDE**

*Email Contact at Filer:* **KHANDYSIDE@CRESTMARK.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **CRESTMARK EQUIPMENT FINANCE, INC.**

*Mailing Address:* **40950 WOODWARD AVE., SUITE 201**

*City, State Zip Country:* **BLOOMFIELD HILLS, MI 48304 USA**

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## DEBTOR INFORMATION

*Org. Name:* **PULSE NEWPORT, LLC**

*Mailing Address:* **7 MERTON RD**

*City, State Zip Country:* **NEWPORT, RI 02840-3624 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **CRESTMARK EQUIPMENT FINANCE, INC.**

*Mailing Address:* **40950 WOODWARD AVE., SUITE 201**

*City, State Zip Country:* **BLOOMFIELD HILLS, MI 48304 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: PULSE NEWPORT, LLC #170792-VF000**

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## COLLATERAL

ALL OF THE EQUIPMENT AND ALL MODIFICATIONS, ADDITIONS, REPLACEMENTS AND SUBSTITUTIONS AND PROCEEDS THERETO, IN WHOLE OR IN PART, AS DESCRIBED ON EQUIPMENT FINANCE AGREEMENT #170792-VF000 DATED SEPTEMBER 14, 2017 BETWEEN DEBTOR AND CRESTMARK EQUIPMENT FINANCE, INC., DBA ALLSTATE CAPITAL, AS LENDER, AS IT MAY BE AMENDED FROM TIME TO TIME, TOGETHER WITH ALL FINANCE PAYMENTS AND OTHER AMOUNTS PAYABLE THEREUNDER, INCLUDING ALL PROCEEDS AND INSURANCE PROCEEDS.