

UCC-1 Form

FILER INFORMATION

Full name: **JO-ANN LAWSON**

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SEND ACKNOWLEDGEMENT TO

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

DEBTOR INFORMATION

Org. Name: **FIREARMS UNLIMITED LLC**

Mailing Address: **345 NOOSENECK HILL ROAD**

City, State Zip Country: **EXETER, RI 02822 USA**

SECURED PARTY INFORMATION

Last Name (i.e. Family Name or Surname): **MILLER** *First Name:* **JOHN** *Middle Name:* **C**

Mailing Address: **300 HOPKINS HOLLOW ROAD**

City, State Zip Country: **GREENE, RI 02827 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 17-0789

COLLATERAL

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