# UCC-1 Form

## FILER INFORMATION

*Full name:* **SEVIL AVCI**

*Email Contact at Filer:* **SAVCI@BANKOZARKS.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **BANK OF THE OZARKS**

*Mailing Address:* **1700 MARKET PLACE BLVD**

*City, State Zip Country:* **CUMMING, GA 30041 USA**

## DEBTOR INFORMATION

*Last Name (i.e. Family Name or Surname):* **SMITH** *First Name:* **ANDREW** *Middle Name:* **D**

*Mailing Address:* **32 SHORE RD**

*City, State Zip Country:* **PASCOAG, RI 02859 USA**

*Last Name (i.e. Family Name or Surname):* **SMITH** *First Name:* **SUSAN** *Middle Name:* **K**

*Mailing Address:* **32 SHORE RD**

*City, State Zip Country:* **PASCOAG, RI 02859 USA**

## SECURED PARTY INFORMATION

*Org. Name:* **BANK OF THE OZARKS**

*Mailing Address:* **1700 MARKET PLACE BLVD**

*City, State Zip Country:* **CUMMING, GA 30041 USA**

## TRANSACTION TYPE: STANDARD

## COLLATERAL

NEW 2018 BENNINGTON 2275 GSB (ETWF9697E818) NEW 2018 YAMAHA F150LA (63PX-1194104)