

UCC-1 Form

FILER INFORMATION

Full name: **KELLY CAMPBELL**

Email Contact at Filer: **KELLY.CAMPBELL@FARMCREDITEAST.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **FARM CREDIT EAST, ACA**

Mailing Address: **785 HARTFORD PIKE**

City, State Zip Country: **DAYVILLE, CT 06241 USA**

DEBTOR INFORMATION

Last Name (i.e. Family Name or Surname): **IZZO** *First Name:* **CARLO** *Middle Name:* **J.**

Mailing Address: **2141-R PLAINFIELD PIKE**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

Org. Name: **IZZO DISPOSAL INC**

Mailing Address: **2141R PLAINFIELD PIKE**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

SECURED PARTY INFORMATION

Org. Name: **FARM CREDIT EAST, ACA**

Mailing Address: **785 HARTFORD PIKE**

City, State Zip Country: **DAYVILLE, CT 06241 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

ALL NOW EXISTING AND AFTER ACQUIRED EQUIPMENT, VEHICLES, FIXTURES INCLUDING BUT NOT LIMITED TO: TILLAGE AND HARVESTING TOOLS, TRACTORS, HARROWS, MOTOR VEHICLES, INCLUDING FORKLIFTS, IRRIGATION EQUIPMENT.