

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: **ANCHOR PETES LLC**

Mailing Address: **515 KINGSTOWN RD.**

City, State Zip Country: **WAKEFIELD, RI 02879 USA**

Last Name (i.e. Family Name or Surname): **TRIKOULIS** *First Name:* **PETE**

Mailing Address: **7 LAFAZIA DRIVE**

City, State Zip Country: **JOHNSTON, RI 02919 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: U243486

COLLATERAL

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