

UCC-1 Form

FILER INFORMATION

Full name: **KELLY DOWDA**

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SEND ACKNOWLEDGEMENT TO

Contact name: **MAZAK OPTONICS CORPORATION**

Mailing Address: **2725 GALVIN COURT**

City, State Zip Country: **ELGIN, IL 60124 USA**

DEBTOR INFORMATION

Org. Name: **GETCHELL & SON, INC.**

Mailing Address: **950 DOUGLAS PIKE**

City, State Zip Country: **SMITHFIELD, RI 02917 USA**

SECURED PARTY INFORMATION

Org. Name: **MAZAK OPTONICS CORPORATION**

Mailing Address: **2725 GALVIN COURT**

City, State Zip Country: **ELGIN, IL 60124 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: PO57682

COLLATERAL

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