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UCC-1 Form

FILER INFORMATION

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Email Contact at Filer: sprs@ficoso.com

SEND ACKNOWLEDGEMENT TO

Contact name: First Corporate Solutions

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City, State Zip Country: SACRAMENTO, CA 95811 USA

DEBTOR INFORMATION

Org. Name: **DELEON EXPRESS LLC**

Mailing Address: 48 KING PHILIP ST

City, State Zip Country: PROVIDENCE, RI 02909 USA

Last Name (i.e. Family Name or Surname): **DELEON** First Name: **SERGIO**

Mailing Address: 48 KING PHILIP ST

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SECURED PARTY INFORMATION

Org. Name: FIRST CORPORATE SOLUTIONS, AS REPRESENTATIVE

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City, State Zip Country: SACRAMENTO, CA 95811 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: [UCC1-423493]

COLLATERAL

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