UCC-1 Form

FILER INFORMATION

Full name:

Email Contact at Filer: **COLLECTIONSCA@RIAFINANCIAL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CONTINENTAL EXCHANGE SOLUTIONS,INC**

Mailing Address: **7001 VILLAGE DRIVE STE. 200**

City, State Zip Country: **BUENA PARK, CA 90621 USA**

DEBTOR INFORMATION

Org. Name: **INTERNATIONAL MULTISERVICE LLC**

Mailing Address: **519 PRAIRE AVE**

City, State Zip Country: **PROVIDENCE, RI 02905 USA**

Last Name (i.e. Family Name or Surname): **PEREZ** *First Name:* **AMAURY** *Middle Name:* **G**

Mailing Address: **41 PETTEYS AVE**

City, State Zip Country: **PROVIDENCE, RI 02909 USA**

SECURED PARTY INFORMATION

Org. Name: **CONTINENTAL EXCHANGE SOLUTIONS, INC**

Mailing Address: **7001 VILLAGE DRIVE STE.200**

City, State Zip Country: **BUENA PARK, CA 90621 USA**

TRANSACTION TYPE: **PUBLIC FINANCE**

CUSTOMER REFERENCE: **AUTHORIZE AGENT RI165**

COLLATERAL

THE COLLATERAL IN WHICH AGENT/DEBTOR GRANTS CONTINENTAL EXCHANGE SOLUTIONS, INC., A SECURITY INTEREST CONSISTS OF ALL AGENT'S/DEBTOR'S PRESENTLY OWNED, FUTURE AND HEREAFTER ACQUIRED ACCOUNTS, CHATTEL PAPER, NEGOTIABLE INSTRUMENTS INCLUDING, BUT NOT LIMITED TO, CHECKS, CASH, CASH DEPOSIT ACCOUNTS, INVENTORY, FURNITURE, TRADE FIXTURES, EQUIPMENT, PREMISES LEASE, AND GENERAL TANGIBLES AND INTANGIBLES WHERESOVER LOCATED, TOGETHER WITH ALL OF THE PROCEEDS AND PRODUCTS OF EACH,INCLUDING, BUT NOT LIMITED TO, THE PROCEEDS PAYABLE UNDER AND UPON ANY INSURANCE POLICIES INSURING ANY OF THE AFOREMENTIONED COLLATERAL AGAINST LOSS.