

UCC-1 Form

FILER INFORMATION

Full name: **BETH J. KARSHMER**

Email Contact at Filer: **BKARSHMER@ADT.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **ADT LLC**

Mailing Address: **3190**

City, State Zip Country: **AURORA, CO 80014 USA**

DEBTOR INFORMATION

Org. Name: **SAFE HAVEN SECURITY SERVICES INC.**

Mailing Address: **520 E 195TH AVE**

City, State Zip Country: **KANSAS CITY, MO 64116 USA**

SECURED PARTY INFORMATION

Org. Name: **ADT LLC**

Mailing Address: **3190 S VAUGHN WAY**

City, State Zip Country: **AURORA, CO 80014 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: SAFE HAVEN SECURITY SERVICES INC. 2226042/14098571

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