

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: **J A B AUTOMOTIVE INC.**

Mailing Address: **1704 MENDON RD**

City, State Zip Country: **CUMBERLAND, RI 02864 USA**

SECURED PARTY INFORMATION

Org. Name: **VALVOLINE LLC**

Mailing Address: **100 VALVOLINE WAY**

City, State Zip Country: **LEXINGTON, KY 40509 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: U255595

COLLATERAL

TOGETHER WITH ALL ATTACHMENTS, ACCESSORIES AND REPLACEMENTS THEREOF, NOW EXISTING OR HEREAFTER ACQUIRED. THE EQUIPMENT HEREIN DESCRIBED IS LOCATED ON THE BUSINESS PREMISES OF THE DEBTOR. TITLE IS VESTED IN SECURED PARTY. EQUIPMENT IS DESCRIBED AS: EQUIPMENT DESCRIPTION, MAKE, MODEL: ONE (1) NEW, TRANSMISSION MACHINE, FLO- DYNAMICS, TSD450LCD; ONE (1) NEW, COOLANT FLUSH MACHINE, FLO- DYNAMICS, VACFILL3.