

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: **GAMBOA, INC.**

Mailing Address: **1705 W SHORE RD**

City, State Zip Country: **WARWICK, RI 02889 USA**

Last Name (i.e. Family Name or Surname): **MICHEL** *First Name:* **RAMON**

Mailing Address: **9 BELFORT ST**

City, State Zip Country: **WARWICK, RI 02889 USA**

SECURED PARTY INFORMATION

Org. Name: **US FOODS, INC.**

Mailing Address: **222 OTROBANDO AVENUE**

City, State Zip Country: **NORWICH, CT 06360 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: NCS UCC #U255979

COLLATERAL

TO SECURE THE FULL AND TIMELY PAYMENT BY APPLICANT TO SELLER OF ALL NOW EXISTING AND LATER ARISING AMOUNTS DUE SELLER, IN ADDITION TO ANY OTHER SECURITY APPLICANT MAY PROVIDE TO SELLER UNDER ANY SUBSEQUENT AGREEMENT, APPLICANT GRANTS TO SELLER A SECURITY INTEREST IN ALL OF APPLICANT'S PERSONAL PROPERTY, BOTH NOW OWNED OR AT ANY TIME IN THE FUTURE ACQUIRED AND WHEREVER LOCATED, INCLUDING, BUT NOT LIMITED TO ACCOUNTS, GOODS, INVENTORY, EQUIPMENT, FIXTURES AND VEHICLES, TOGETHER WITH THE PROCEEDS AND PRODUCTS OF ANY OF THEM.