

UCC-3 Form - TERMINATION

Original File Number: **201921824700**

FILER INFORMATION

Full name:

Email Contact at Filer: **KHJORNEVIK@CAPITOLSERVICES.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CAPITOL SERVICES**

Mailing Address: **PO BOX 1831**

City, State Zip Country: **AUSTIN, TX 78767 USA**

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: McLANE FOODSERVICE, INC.

CUSTOMER REFERENCE: FILE WITH RHODE ISLAND SECRETARY OF STATE; DEBTOR: FLOCK-LANE, INC. (063416/529676)
