

UCC-1 Form

FILER INFORMATION

Full name:

Email Contact at Filer: RYAN@CENORTH.COM

SEND ACKNOWLEDGEMENT TO

Contact name: COMMISSION EXPRESS

Mailing Address: 20C DEL CARMINE ST SUITE 201

City, State Zip Country: WAKEFIELD, MA 01880 USA

DEBTOR INFORMATION

Last Name (i.e. Family Name or Surname): SMITH *First Name:* RICKARD

Mailing Address: 486 PAWTUCKET AVE

City, State Zip Country: PAWTUCKET, RI 02860 USA

SECURED PARTY INFORMATION

Org. Name: NMR FACTORING LLC D/B/A COMMISSION EXPRESS

Mailing Address: 20C DEL CARMINE ST SUITE 201

City, State Zip Country: WAKEFIELD, MA 01880 USA

TRANSACTION TYPE: STANDARD

COLLATERAL

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