

UCC-1 Form

FILER INFORMATION

Full name: **WOLTERS KLUWER LIEN SOLUTIONS**

Email Contact at Filer: **CTLSWEBACK@WOLTERSKLUWER.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **LIEN SOLUTIONS**

Mailing Address: **P.O. BOX 29071**

City, State Zip Country: **GLENDALE, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **DIFO DELIVERIES, INC.**

Mailing Address: **199 ELMDALE AVE**

City, State Zip Country: **PROVIDENCE, RI 02909 USA**

SECURED PARTY INFORMATION

Org. Name: **MERCEDES-BENZ FINANCIAL SERVICES USA LLC**

Mailing Address: **14372 HERITAGE PARKWAY**

City, State Zip Country: **FT. WORTH, TX 76177 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-73167627-58329828

COLLATERAL

THE FOLLOWING DESCRIBED EQUIPMENT, TOGETHER WITH ALL PROCEEDS OF SUCH EQUIPMENT, INCLUDING, WITHOUT LIMITATION, ALL ACCOUNTS, GENERAL INTANGIBLES, PAYMENT INTANGIBLES, TANGIBLE CHATTEL PAPER, ELECTRONIC CHATTEL PAPER, SUPPORTING OBLIGATIONS, DOCUMENTS AND INSURANCE PROCEEDS ARISING FROM OR RELATING TO THE SALE OR DISPOSITION OF SUCH EQUIPMENT, AS PROVIDED FOR WITHIN THE SCOPE OF ARTICLE 9: 2019 ROCKPORT CARGOPORT S/N RPM033690