

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **NORTHLAND CAPITAL FINANCIAL SERVICES, LLC**

*Email Contact at Filer:* **OPERATIONSSUPPORT@NORTHLANDCAPITAL.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **NORTHLAND CAPITAL FINANCIAL SERVICES, LLC**

*Mailing Address:* **333 33RD AVE S**

*City, State Zip Country:* **SAINT CLOUD, MN 56301 USA**

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## DEBTOR INFORMATION

*Org. Name:* **RMT EXCAVATING, INC.**

*Mailing Address:* **293 MARKET STREET**

*City, State Zip Country:* **WARREN, RI 02885 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **NORTHLAND CAPITAL FINANCIAL SERVICES, LLC**

*Mailing Address:* **PO Box 7278**

*City, State Zip Country:* **SAINT CLOUD, MN 56302 USA**

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**TRANSACTION TYPE: STANDARD**

**ALTERNATIVE DESIGNATION: SELLER-BUYER**

**CUSTOMER REFERENCE: C19718-001**

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## COLLATERAL

2012 McCLOSKEY INTERNATIONAL 516 TROMMEL SCREENER INCLUDING McCLOSKEY 516 DRUM. SN: 80412