

# UCC-1 Form

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## FILER INFORMATION

*Full name:*

*Email Contact at Filer:* DAVID@NATIONWIDECAPITALFUNDING.NET

## SEND ACKNOWLEDGEMENT TO

*Contact name:* NATIONWIDE CAPITAL FUNDING, LLC

*Mailing Address:* 17 SEABREEZE AVE

*City, State Zip Country:* MILFORD, CT 06460 USA

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## DEBTOR INFORMATION

*Org. Name:* AUDINO, INC

*Mailing Address:* 162 CORN NECK RD

*City, State Zip Country:* NEW SHOREHAM, RI 02807 USA

*Last Name (i.e. Family Name or Surname):* AUDINO *First Name:* BRENNA

*Mailing Address:* PO 174

*City, State Zip Country:* NEW SHOREHAM, RI 02807 USA

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## SECURED PARTY INFORMATION

*Org. Name:* NATIONWIDE CAPITAL FUNDING, LLC

*Mailing Address:* 17 SEABREEZE AVE

*City, State Zip Country:* MILFORD, CT 06460 USA

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## TRANSACTION TYPE: STANDARD

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## COLLATERAL

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