

UCC-1 Form

FILER INFORMATION

Full name: **DAVID T SCALIA**

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SEND ACKNOWLEDGEMENT TO

Contact name: **NATIONWIDE CAPITAL FUNDING, LLC**

Mailing Address: **17 SEABREEZE AVE**

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

DEBTOR INFORMATION

Org. Name: **CLUB SODA, INC.**

Mailing Address: **PO Box 1262**

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

Last Name (i.e. Family Name or Surname): **BALMFORTH** *First Name:* **MAXOM**

Mailing Address: **35 CONNECTICUT AVE**

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

SECURED PARTY INFORMATION

Org. Name: **NATIONWIDE CAPITAL FUNDING, LLC**

Mailing Address: **17 SEABREEZE AVE**

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

TRANSACTION TYPE: STANDARD

COLLATERAL

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