

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **SHELLY**

*Email Contact at Filer:* **SWAILES@BANLEACO.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **BANLEACO, INC.**

*Mailing Address:* **11017 AURORA AVENUE**

*City, State Zip Country:* **URBANDALE, IA 50322 USA**

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## DEBTOR INFORMATION

*Org. Name:* **PAWTUCKET GOLF CLUB INC.**

*Mailing Address:* **900 ARMISTICE BLVD**

*City, State Zip Country:* **PAWTUCKET, RI 02861 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **BANLEACO, INC.**

*Mailing Address:* **11017 AURORA AVENUE**

*City, State Zip Country:* **URBANDALE, IA 50322 USA**

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## TRANSACTION TYPE: STANDARD

## CUSTOMER REFERENCE: 58408

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## COLLATERAL

GOLF MANAGEMENT SYSTE (60)