UCC-1 Form

FILER INFORMATION

Full name: **CORPORATION SERVICE COMPANY**

Email Contact at Filer: **RISOSUCCFILINGSV3@CSCGLOBAL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CORPORATION SERVICE COMPANY**

Mailing Address: **801 ADLAI STEVENSON DRIVE**

City, State Zip Country: **SPRINGFIELD, IL 62703 USA**

DEBTOR INFORMATION

Org. Name: **ST. MICHAEL'S COUNTRY DAY SCHOOL**

Mailing Address: **180 RHODE ISLAND AVE**

City, State Zip Country: **NEWPORT, RI 02840 USA**

SECURED PARTY INFORMATION

Org. Name: **WELLS FARGO VENDOR FINANCIAL SERVICES, LLC**

Mailing Address: **PO BOX 35701**

City, State Zip Country: **BILLINGS, MT 59107 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 450-7692513-008

COLLATERAL

ALL EQUIPMENT LEASE TO OR FINANCED FOR THE DEBTOR BY SECURED PARTY UNDER THAT CERTAIN MASTER LEASE AGREEMENT 450-7692513-008 DATED 6/8/2020 INCLUDING ALL ACCESSORIES, ACCESSIONS, REPLACEMENTS, ADDITIONS, SUBSTITUTIONS, ADD-ONS AND UPGRADES THERETO.