

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: **THE TREE DOCTOR, INC.**

Mailing Address: **36 SCHOOLHOUSE ROAD**

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

SECURED PARTY INFORMATION

Org. Name: **WESTERN EQUIPMENT FINANCE, INC.**

Mailing Address: **P.O. BOX 640**

City, State Zip Country: **DEVILS LAKE, ND 58301 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: :40387239 1913 00204

COLLATERAL

THE FOLLOWING EQUIPMENT OR INVENTORY: 1 EASY LIFT 87-48AJ TRACKED AERIAL LIFT INCLUDING: KUBOTA DIESEL D902 WATER COOLED. EPA + CALIFORNIA + WINTER START PKG ELECTRO-PUMP MOTOR 208VAC 1 MAN FIBERGLASS BASKET WITH ROTATION MOVEMENT ALARM SELF LEVELING OUTRIGGERS WIRELESS REMOTE CONTROL + 2 BATTERIES AND CHARGER + EMERGENCY HARNESS FOR REMOTE CONTROL 12V ELECTRIC EMERGENCY PUMP NON MARKING TRACKS FULL ARBORIST PACKAGE PROTECTION COVERS EASY PAD KIT 16X24 WITH SLIDERS (SET OF 4)TOGETHER WITH ALL PRESENT AND FUTURE ATTACHMENTS, ACCESSORIES, REPLACEMENT PARTS, ADDITIONS AND ALL CASH AND NON-CASH PROCEEDS THEREOF.