

# 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:* **TIDAL ENTERPRISES INC.**

*Mailing Address:* **75 OLIVER STREET**

*City, State Zip Country:* **BRISTOL, RI 02809 USA**

---

## SECURED PARTY INFORMATION

*Org. Name:* **WELLS FARGO BANK, N.A.**

*Mailing Address:* **800 WALNUT STREET, F0005-044**

*City, State Zip Country:* **DES MOINES, IA 50309 USA**

---

## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: 301-0006757-000 1943 11640**

---

## COLLATERAL

THE EQUIPMENT DESCRIBED BELOW AND ALL EQUIPMENT PARTS, ACCESSORIES, SUBSTITUTIONS, ADDITIONS, ACCESSIONS AND REPLACEMENTS THERETO AND THEREOF, NOW OR HEREAFTER INSTALLED IN, AFFIXED TO, OR USED IN CONJUNCTION THEREWITH AND THE PROCEEDS THEREOF, TOGETHER WITH ALL INSTALLMENT PAYMENTS, INSURANCE PROCEEDS, OTHER PROCEEDS AND PAYMENTS DUE AND TO BECOME DUE ARISING FROM OR RELATING TO SAID EQUIPMENT. (1) HYSTER FORKLIFT MODEL H155XLM SN F006G03208W