

# UCC-1 Form

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## FILER INFORMATION

*Full name:*

*Email Contact at Filer:* JDFUCCFILINGS@JOHNDEERE.COM

## SEND ACKNOWLEDGEMENT TO

*Contact name:* JOHN DEERE FINANCIAL

*Mailing Address:* 6400 NW 86TH ST

*City, State Zip Country:* JOHNSTON, IA 50131 USA

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## DEBTOR INFORMATION

*Org. Name:* GRACE BARKER NURSING CENTER, INC.

*Mailing Address:* 54 BARKER AVE

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

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## SECURED PARTY INFORMATION

*Org. Name:* DEERE & COMPANY

*Mailing Address:* 6400 NW 86TH ST

*City, State Zip Country:* JOHNSTON, IA 50131 USA

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## TRANSACTION TYPE: STANDARD

## CUSTOMER REFERENCE: 4326071

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## COLLATERAL

JOHN DEERE 3046 3046R TRACTOR S/N: 103109 TOGETHER WITH (1) ALL ATTACHMENTS, ACCESSORIES AND COMPONENTS, REPAIRS AND IMPROVEMENTS, (2) ALL ACCOUNTS, GENERAL INTANGIBLES, CONTRACT RIGHTS AND CHATTEL PAPER RELATING THERETO, AND (3) ALL PROCEEDS, THERETO INCLUDING, WITHOUT LIMITATION, INSURANCE, SALE, LEASE AND RENTAL PROCEEDS, AND PROCEEDS OF PROCEEDS.