

UCC-1 Form

FILER INFORMATION

Full name: **ONLINE DEPT.**

Email Contact at Filer: **ONLINE@FICOSO.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **FIRST CORPORATE SOLUTIONS INC.**

Mailing Address: **914 S STREET**

City, State Zip Country: **SACRAMENTO, CA 95811 USA**

DEBTOR INFORMATION

Org. Name: **HAIR EXTENSIONS AND TOOLS LLC**

Mailing Address: **749 PARK AVE**

City, State Zip Country: **CRANSTON, RI 02910 USA**

Last Name (i.e. Family Name or Surname): **MASELLI** *First Name:* **TAMMIKA**

Mailing Address: **35 METCLAF AVE**

City, State Zip Country: **NORTH PROVIDENCE, RI 02911 USA**

SECURED PARTY INFORMATION

Org. Name: **QUIK CAPITAL, LLC**

Mailing Address: **1111 N WEST SHORE BLVD STE 600**

City, State Zip Country: **TAMPA, FL 33607 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: [UCC1-552856] 1370010001034498/BELLAZON HAIR

COLLATERAL

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