

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: **LIQUID BLUE, INC.**

Mailing Address: **1 CROWNMARK DR**

City, State Zip Country: **LINCOLN, RI 02865 USA**

SECURED PARTY INFORMATION

Org. Name: **ALLIANCE LAUNDRY SYSTEMS LLC**

Mailing Address: **PO Box 990**

City, State Zip Country: **RIPON, WI 54971 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: :APPLICATION # 9091 2005 32885

COLLATERAL

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