

# UCC-1 Form

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## 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

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## DEBTOR INFORMATION

*Org. Name:* SMITH'S NURSERY, LLC

*Mailing Address:* 225 DOUGLAS PIKE

*City, State Zip Country:* SMITHFIELD, RI 02917 USA

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## SECURED PARTY INFORMATION

*Org. Name:* WELLS FARGO VENDOR FINANCIAL SERVICES, LLC

*Mailing Address:* PO Box 35701

*City, State Zip Country:* BILLINGS, MT 59107 USA

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: 450-0033437-000 2026 66493**

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## COLLATERAL

THIS FINANCING STATEMENT COVERS THE EQUIPMENT AND OTHER ASSETS DESCRIBED BELOW AND/OR ON ANY ANNEX, SCHEDULE AND/OR EXHIBIT HERETO (WHICH IS TO BE CONSIDERED AN INTEGRAL PART HEREOF), PLUS ALL EXISTING AND FUTURE REPLACEMENTS, EXCHANGES AND SUBSTITUTIONS THEREFOR, ATTACHMENTS, ACCESSORIES, ACCESSIONS AND ADDITIONS THERETO, AND INSURANCE, LEASE, SUBLEASE AND OTHER PROCEEDS THEREOF.

EQUIPMENT: 1 BOBCAT S740 T4 SKID STEER LOADER S/N B3BT15557