

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: **RIGHT COAST LANDSCAPES, LLC**

Mailing Address: **26A RICHMOND TOWNHOUSE Rd**

City, State Zip Country: **WYOMING, RI 02898 USA**

SECURED PARTY INFORMATION

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

Mailing Address: **PO Box 35701**

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

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 450-0037359-000 2043 11428

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 OTHER 1590XP TRAILER MOUNTED BRUSH CHIPPER S/N 4FMUS1812MR515315