

# UCC-1 Form

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## FILER INFORMATION

*Full name:*

*Email Contact at Filer:* JDASILVA@GREENWOODCU.ORG

## SEND ACKNOWLEDGEMENT TO

*Contact name:* GREENWOOD CREDIT UNION

*Mailing Address:* 2669 POST ROAD

*City, State Zip Country:* WARWICK, RI 02886 USA

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## DEBTOR INFORMATION

*Org. Name:* LIBERTY MOBILITY, LLC

*Mailing Address:* 1542 MAIN STREET, SUITE 6

*City, State Zip Country:* WEST WARWICK, RI 02893 USA

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## SECURED PARTY INFORMATION

*Org. Name:* GREENWOOD CREDIT UNION

*Mailing Address:* 2669 POST ROAD

*City, State Zip Country:* WARWICK, RI 02886 USA

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## TRANSACTION TYPE: STANDARD

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## COLLATERAL

ALL OF DEBTOR'S PERSONAL PROPERTY AND FIXTURES, NOW OWNED AND HEREAFTER ACQUIRED BY DEBTOR OR IN WHICH DEBTOR HAS OR MAY HEREAFTER ACQUIRE AN INTEREST, WHETHER NOW EXISTING OR HEREAFTER ARISING, INCLUDING THE FOLLOWING, AND ALL PROCEEDS AND PRODUCTS THEREOF: INVENTORY, EQUIPMENT, FIXTURES, ACCOUNTS, GENERAL INTANGIBLES, CHATTEL PAPER, INSTRUMENTS, DOCUMENTS, DEPOSIT ACCOUNTS, LETTER-OF-CREDIT RIGHTS, INVESTMENT PROPERTY, AND ALL BOOKS AND RECORDS RELATING TO ANY OF THE FOREGOING.