

# 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:* **VIECURA, INC.**

*Mailing Address:* **30 MEETING STREET**

*City, State Zip Country:* **CUMBERLAND, RI 02864 USA**

---

## SECURED PARTY INFORMATION

*Org. Name:* **HYG FINANCIAL SERVICES, INC.**

*Mailing Address:* **PO Box 35701**

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

---

## TRANSACTION TYPE: STANDARD

**ALTERNATIVE DESIGNATION:** LESSEE-LESSOR

**CUSTOMER REFERENCE:** 400-0003619-000 2136 03113

---

## COLLATERAL

ALL OF THE EQUIPMENT NOW OR HEREAFTER LEASED BY LESSOR TO LESSEE; AND ALL ACCESSIONS, ADDITIONS, REPLACEMENTS, AND SUBSTITUTIONS THERETO AND THEREFORE; AND ALL PROCEEDS INCLUDING INSURANCE PROCEEDS THEREOF.