

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: **NORTHERN POWER ELECTRICAL SERVICES, INC.**

Mailing Address: **23 APPLETON LANE**

City, State Zip Country: **GLOCESTER, RI 02857 USA**

SECURED PARTY INFORMATION

Org. Name: **ALLEGiant PARTNERS INCORPORATED**

Mailing Address: **123 SW COLUMBIA STREET**

City, State Zip Country: **BEND, OR 97702 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: A0K4T00000DRALxQAM 2204 28703

COLLATERAL

EQUIPMENT: ALL EQUIPMENT DESCRIBED BELOW TOGETHER WITH ALL PARTS, ACCESSORIES, ATTACHMENTS, SUBSTITUTIONS, REPAIRS, IMPROVEMENTS AND REPLACEMENTS AND ANY AND ALL PROCEEDS THEREOF, INCLUDING WITHOUT LIMITATION, INSURANCE PROCEEDS. 1) HITACHI ZW50 T4 SN: RYUNBD60L00005038 1) HITACHI ZW30 SN: RYUNBB60A00005107