

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

Last Name (i.e. Family Name or Surname): **DUARTE POLANCO** *First Name:* **PAULA**

Mailing Address: **191 CRANSTON ST APT E3**

City, State Zip Country: **CENTRAL FALLS, RI 02907 USA**

Org. Name: **MI PUEBLO MARKET**

Mailing Address: **528 DEXTER ST**

City, State Zip Country: **CENTRAL FALLS, RI 02863 USA**

SECURED PARTY INFORMATION

Org. Name: **VIAMERICAS CORPORATION**

Mailing Address: **7910 WOODMONT AVENUE, SUITE 220**

City, State Zip Country: **BETHESDA, MD 20814 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2217 47074

COLLATERAL

THE COLLATERAL IN WHICH AGENTS/DEBTORS GRANTS VIAMERICAS CORPORATION A SECURITY INTEREST CONSISTS OF ALL AGENT'S/DEBTOR'S PRESENTLY OWNED, FUTURE AND HEREAFTER ACQUIRED ACCOUNTS, CHATTEL PAPER, NEGOTIABLE INSTRUMENTS INCLUDING, BUT NOT LIMITED TO, CHECKS, CASH, CASH DEPOSIT ACCOUNTS, INVENTORY, FURNITURE, TRADE FIXTURES, EQUIPMENT, PREMISES LEASE, AND GENERAL TANGIBLES AND INTANGIBLES WHERESOEVER LOCATED, TOGETHER WITH ALL OF THE PROCEEDS AND PRODUCTS OF EACH, INCLUDING, BUT NOT LIMITED TO, THE PROCEEDS PAYABLE UNDER AND UPON ANY INSURANCE POLICIES INSURING ANY OF THE AFOREMENTIONED COLLATERAL AGAINST LOSS.