UCC-1 Form

FILER INFORMATION

Full name: **CAPITOL SERVICES**

Email Contact at Filer: **KHJORNEVIK@CAPITOLSERVICES.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CAPITOL SERVICES**

Mailing Address: **PO BOX 1831**

City, State Zip Country: **AUSTIN, TX 78767 USA**

DEBTOR INFORMATION

Org. Name: **APPLE VALLEY K.E.N.C.O., INC.**

Mailing Address: **50 CEDAR SWAMP ROAD, UNIT 1**

City, State Zip Country: **SMITHFIELD, RI 02917 USA**

SECURED PARTY INFORMATION

Org. Name: **MCLANE FOODSERVICE, INC.**

Mailing Address: **2085 MIDWAY ROAD**

City, State Zip Country: **CARROLLTON, TX 75006 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: FILE WITH RHODE ISLAND SECRETARY OF STATE (063416/529676)

COLLATERAL

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