

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 GRANDCO, 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

ALL ASSETS, INCLUDING ALL OF DEBTOR'S RIGHT, TITLE AND INTEREST IN ALL EQUIPMENT, FIXTURES, INVENTORY, DOCUMENTS, GENERAL INTANGIBLES, ACCOUNTS, DEPOSIT ACCOUNTS (UNLESS A SECURITY INTEREST WOULD RENDER A NONTAXABLE ACCOUNT TAXABLE), CONTRACT RIGHTS, CHATTEL PAPER, PATENTS, TRADEMARKS AND COPYRIGHTS (AND THE GOOD WILL ASSOCIATED WITH AND REGISTRATIONS AND LICENSES OF ANY OF THEM), INSTRUMENTS, LETTER OF CREDIT RIGHTS AND INVESTMENT PROPERTY, NOW OWNED OR HEREAFTER ACQUIRED BY DEBTOR, AND ALL ADDITIONS AND ACCESSIONS TO, ALL SPARE AND REPAIR PARTS, SPECIAL TOOLS, EQUIPMENT AND REPLACEMENTS FOR, SOFTWARE USED IN, ALL RETURNED OR REPOSSESSED GOODS THE SALE OF WHICH GAVE RISE TO AND ALL PROCEEDS, SUPPORTING OBLIGATIONS AND PRODUCTS OF THE FOREGOING, WHEREVER LOCATED.