

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: **BARBOSA LLC**

Mailing Address: **6 BALTIMORE AVE**

City, State Zip Country: **WARREN, RI 02885 USA**

SECURED PARTY INFORMATION

Org. Name: **CORPORATION SERVICE COMPANY, AS REPRESENTATIVE**

Mailing Address: **PO BOX 2576 UCCSPREP@CSCINFO.COM**

City, State Zip Country: **SPRINGFIELD, IL 62708 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2246 24455

COLLATERAL

2019 FRHT CONVENTION VIN:3ALXFB00XKDKX3986 THE EQUIPMENT FINANCED UNDER CONTRACT #1058539 LISTED ABOVE, WHETHER NOW OWNED OR HEREAFTER ACQUIRED, TOGETHER WITH ALL PERSONAL PROPERTY INSTALLED IN, AFFIXED TO OR USED IN CONNECTION THEREWITH AND ALL PRESENT OR FUTURE: (I) ADDITIONS, ACCESSORIES, ACCESSIONS, ATTACHMENTS, PARTS, SUPPLIES, RELATED SOFTWARE, INTELLECTUAL PROPERTY, RIGHTS, LICENSES AND IMPROVEMENTS THERETO; (II) SUBSTITUTIONS, RENEWALS, REPLACEMENTS AND PURCHASE OPTIONS THEREOF; (III) INSURANCE, WARRANTY, AND OTHER THIRD-PARTY CLAIMS; (IV) DEBTOR'S RIGHTS IN CONNECTION WITH A THIRD-PARTY'S USE OF SUCH EQUIPMENT UNDER A SUBLEASE, RENTAL OR SIMILAR AGREEMENT; (V) PROCEEDS AND PRODUCT IN ANY FORM (INCLUDING BUT NOT LIMITED TO INSURANCE AND SALE PROCEEDS) OF EACH OF THE FOREGOING, WHETHER IT BE CASH, NON-CASH OR IN ANY OTHER FORM; AND (VI) TO THE EXTENT THE EQUIPMENT IDENTIFIED HEREIN IS CONSTRUED AS OR DEEMED INVENTORY, THAT INVENTORY AND ALL ACCOUNTS, ACCOUNTS RECEIVABLE, CASH PROCEEDS AND ALL OTHER PROCEEDS RELATED THERETO OR DERIVED THEREFROM.