

UCC-1 Form

FILER INFORMATION

Full name: **AMBER VANDENHOUT**

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DEBTOR INFORMATION

Org. Name: **TRAJECSYS CORPORATION**

Mailing Address: **1800 MENDON ROAD, STE E-219**

City, State Zip Country: **CUMBERLAND, RI 02864 USA**

SECURED PARTY INFORMATION

Last Name (i.e. Family Name or Surname): **PICKETT** *First Name:* **LARRY**

Mailing Address: **7820 PETERSEN POINT ROAD**

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TRANSACTION TYPE: STANDARD

COLLATERAL

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