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: **WRS SEWER INC.**

Mailing Address: **91 OAK AVE**

City, State Zip Country: **EAST PROVIDENCE, RI 02915 USA**

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Mailing Address: **91 OAK AVE**

City, State Zip Country: **EAST PROVIDENCE, RI 02915 USA**

SECURED PARTY INFORMATION

Org. Name: **WESTERN EQUIPMENT FINANCE**

Mailing Address: **P.O. BOX 640**

City, State Zip Country: **DEVILS LAKE, ND 58301 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: :40469918 2263 62907

COLLATERAL

THE FOLLOWING EQUIPMENT OR INVENTORY: 1 PERMA-LINER AMBIENT LATERAL LINING SYSTEM PACKAGE WITH PICOTE MAXI MILLER SYSTEM TOGETHER WITH ALL PRESENT AND FUTURE ATTACHMENTS, ACCESSORIES, REPLACEMENT PARTS, ADDITIONS AND ALL CASH AND NON-CASH PROCEEDS THEREOF.