

# UCC-1 Form

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## 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**

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## DEBTOR INFORMATION

*Org. Name:* **PERFECT TOUCH LANDSCAPING, LLC**

*Mailing Address:* **11 GARDNER STREET**

*City, State Zip Country:* **CRANSTON, RI 02910 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **PNC EQUIPMENT FINANCE, LLC**

*Mailing Address:* **655 BUSINESS CENTER DRIVE SUITE 250**

*City, State Zip Country:* **HORSHAM, PA 19044 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: 2268 79074**

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## COLLATERAL

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