

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **NCS UCC SERVICES GROUP**

*Email Contact at Filer:* **UCC@NCSCREDIT.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **NCS UCC SERVICES GROUP**

*Mailing Address:* **729 MINER ROAD**

*City, State Zip Country:* **HIGHLAND HEIGHTS, OH 44143 USA**

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## DEBTOR INFORMATION

*Org. Name:* **FELLOWSHIP HEALTH RESOURCES, INC.**

*Mailing Address:* **401 E WHITAKER MILL RD**

*City, State Zip Country:* **RALEIGH, NC 27608 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **US FOODS, INC.**

*Mailing Address:* **1500 NC HIGHWAY 39**

*City, State Zip Country:* **ZEBULON, NC 27597 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: NCS UCC #U313878**

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## COLLATERAL

TO SECURE THE FULL AND TIMELY PAYMENT BY APPLICANT TO SELLER OF ALL AMOUNTS DUE TO SELLER, APPLICANT GRANTS TO SELLER A SECURITY INTEREST IN ALL OF APPLICANT'S PERSONAL PROPERTY, BOTH OWNED NOW OR AT ANY TIME IN THE FUTURE ACQUIRED AND WHEREVER LOCATED, INCLUDING, BUT NOT LIMITED TO ACCOUNTS, GOODS (INCLUDING, WITHOUT LIMITATION, ALL GOODS NOW OR HEREAFTER DELIVERED BY SELLER ON CREDIT TO APPLICANT), INVENTORY, EQUIPMENT, FIXTURES AND VEHICLES, TOGETHER WITH THE PROCEEDS AND PRODUCTS OF ANY OF THEM.