

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: **SAFeway OIL CHANGE & AUTOMOTIVE SERVICES INC.**

Mailing Address: **380 ATWOOD AVENUE**

City, State Zip Country: **CRANSTON, RI 02920 USA**

SECURED PARTY INFORMATION

Org. Name: **NAVITAS CREDIT CORP.**

Mailing Address: **201 EXECUTIVE CENTER DR STE100**

City, State Zip Country: **COLUMBIA, SC 29210 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2317 37653

COLLATERAL

1-HUN SWE00 SW ELITE BALANCER 1-HUN 20-3765-1 TDC LASER/HAMMERHEAD 1-HUN 20-3101-1 BALANCER WHL LIFT 1-HUN 20-2711-1 COLLET SET 1-HUN 20-3159-1 SWT CARRIER FOR COLLETS 1-HUN 20-3698-1 ADJUST FLANGE PLATE-BAL 1-HUN 20-3358-1 MED ECONOMY COLLET KIT 1-HUN 20-1207-01 TRUCK CONE KIT 1-HUN TCA34R TIRE CHANGER 1-HUN RP6-G1000A87 FLANGE PLATE KIT 1-HUN 20-2341-1 19.5 ADAPTER KIT (EQUIPMENT) TOGETHER WITH ANY AND ALL REPLACEMENTS, REPLACEMENT PARTS, ACCESSIONS AND ATTACHMENTS NOW OR HEREAFTER MADE A PART OF ANY OF THE EQUIPMENT AND ALL PROCEEDS THEREOF. AS USED HEREIN, ACCESSIONS AND PROCEEDS SHALL HAVE THE MEANING AS SET FORTH IN THE UNIFORM COMMERCIAL CODE AS PRESENTLY ADOPTED IN THE JURISDICTION HEREOF.