

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **NORTHLAND CAPITAL FINANCIAL SERVICE**

*Email Contact at Filer:* **OPERATIONSSUPPORT@NORTHLANDCAPITAL.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **NORTHLAND CAPITAL FINANCIAL SERVICES, LLC**

*Mailing Address:* **PO Box 7278**

*City, State Zip Country:* **SAINT CLOUD, MN 56302 USA**

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## DEBTOR INFORMATION

*Org. Name:* **TJ LANDSCAPE DESIGN AND CONSTRUCTION, INC.**

*Mailing Address:* **163 CANAL STREET**

*City, State Zip Country:* **WESTERLY, RI 02891 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **NORTHLAND CAPITAL FINANCIAL SERVICES, LLC**

*Mailing Address:* **PO Box 7278**

*City, State Zip Country:* **SAINT CLOUD, MN 56302 USA**

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## TRANSACTION TYPE: STANDARD

**ALTERNATIVE DESIGNATION: SELLER-BUYER**

**CUSTOMER REFERENCE: C22989-001**

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## COLLATERAL

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