

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: **GENOA PCM, LLC**

Mailing Address: **65 ALHAMBRA RD STE 2**

City, State Zip Country: **WARWICK, RI 02886 USA**

SECURED PARTY INFORMATION

Org. Name: **HYG FINANCIAL SERVICES, INC.**

Mailing Address: **PO Box 35701**

City, State Zip Country: **BILLINGS, MT 59107 USA**

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: LESSEE-LESSOR

CUSTOMER REFERENCE: 400-0006245-000 2340 63980

COLLATERAL

ALL OF THE EQUIPMENT NOW OR HEREAFTER LEASED BY LESSOR TO LESSEE; AND ALL ACCESSIONS, ADDITIONS, REPLACEMENTS, AND SUBSTITUTIONS THERETO AND THEREFORE; AND ALL PROCEEDS INCLUDING INSURANCE PROCEEDS THEREOF.