

# 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

Last Name (i.e. Family Name or Surname): **KREFT** First Name: **ROBERT** Middle Name: **MICHAEL**

Mailing Address: **17 SANDY LN**

City, State Zip Country: **BRISTOL, RI 02809 USA**

Org. Name: **KREFT GROUP**

Mailing Address: **246 STATE ST**

City, State Zip Country: **BRISTOL, RI 02809 USA**

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## SECURED PARTY INFORMATION

Org. Name: **ALLIANCE LAUNDRY SYSTEMS LLC**

Mailing Address: **PO Box 990**

City, State Zip Country: **RIPON, WI 54971 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: :APPLICATION # 2162 2419 98639**

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## COLLATERAL

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