

UCC-1 Form

FILER INFORMATION

Full name: **JOSEPH RAHEB, ES Q.**

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SEND ACKNOWLEDGEMENT TO

Contact name: **JOSEPH RAHEB, ES Q.**

Mailing Address: **650 GEORGE WASHINGTON HWY., SUITE 200**

City, State Zip Country: **LINCOLN, RI 02865 USA**

DEBTOR INFORMATION

Org. Name: **SOWA FINANCIAL GROUP, INC.**

Mailing Address: **24 ALBION ROAD, SUITE 340**

City, State Zip Country: **LINCOLN, RI 02865 USA**

SECURED PARTY INFORMATION

Org. Name: **NAVIGANT CREDIT UNION**

Mailing Address: **1005 DOUGLAS PIKE**

City, State Zip Country: **SMITHFIELD, RI 02917 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

ALL PRESENT AND HEREAFTER ACQUIRED EQUIPMENT, MACHINERY, FURNITURE, FIXTURES AND INVENTORY, WHEREVER LOCATED, AND USED IN THE OPERATION OF DEBTOR'S BUSINESS; ALL PRESENT AND FUTURE ACCOUNTS, ACCOUNTS RECEIVABLE, CHATTEL PAPER, GENERAL INTANGIBLES AND CONTRACT RIGHTS OF THE DEBTOR. ALL RENEWALS, REPLACEMENTS OF, ADDITIONS TO, SUBSTITUTIONS FOR AND PROCEEDS OF THE FOREGOING. ALL CONDEMNATION AWARDS AND POLICIES OF INSURANCE MAINTAINED WITH RESPECT TO SAID PERSONAL PROPERTY AND ALL PROCEEDS THEREOF.