

UCC-1 Form

FILER INFORMATION

Full name: **MARGIE DUGGAN**

Email Contact at Filer: **MED@CUMMINGS.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CUMMINGS PROPERTIES, LLC**

Mailing Address: **200 WEST CUMMINGS PARK**

City, State Zip Country: **WOBURN, MA 01801 USA**

DEBTOR INFORMATION

Org. Name: **HIP CONSTRUCTION, LLC**

Mailing Address: **150-E NEW BOSTON STREET**

City, State Zip Country: **WOBURN, MA 01801 USA**

SECURED PARTY INFORMATION

Org. Name: **CUMMINGS PROPERTIES, LLC**

Mailing Address: **200 WEST CUMMINGS PARK**

City, State Zip Country: **WOBURN, MA 01801 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: UJCC1: HIP CONSTRUCTION, LLC

COLLATERAL

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