

# 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

*Org. Name:* AMD LAWN CARE LLC

*Mailing Address:* 510 WASHINGTON ST

*City, State Zip Country:* COVENTRY, RI 02816 USA

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## SECURED PARTY INFORMATION

*Org. Name:* WELLS FARGO BANK, N.A.

*Mailing Address:* 800 WALNUT STREET, F0005-044

*City, State Zip Country:* DES MOINES, IA 50309 USA

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: 301-0022828-000 2506 13258**

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## COLLATERAL

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