UCC-1 Form

FILER INFORMATION

Full name: **ANNEMARIE FEELEY**

Email Contact at Filer: **AFEELEY@NAVIGANTCU.ORG**

SEND ACKNOWLEDGEMENT TO

Contact name: **NAVIGANT CREDIT UNION**

Mailing Address: **1005 DOUGLAS PIKE**

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

DEBTOR INFORMATION

Org. Name: **WESCO OIL COMPANY**

Mailing Address: **307 FARNUM PIKE**

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

THE "COLLATERAL" MEANS 2BEL011: 28FT EL QF AR HL SL (HD) -BOM: VIN: 4M9DS2B21P1017130 - 2023 MTM.