

UCC-1 Form

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**

DEBTOR INFORMATION

Org. Name: **DL CONSULTING, LLC**

Mailing Address: **6 LEE AVE**

City, State Zip Country: **NEWPORT, RI 02840 USA**

SECURED PARTY INFORMATION

Org. Name: **CORPORATION SERVICE COMPANY, AS REPRESENTATIVE**

Mailing Address: **P.O. BOX 2576 UCCSPREP@CSCINFO.COM**

City, State Zip Country: **SPRINGFIELD, IL 62708 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2543 08448

COLLATERAL

SECURED PARTY HAS PURCHASED CERTAIN "FUTURE RECEIPTS" FROM DEBTOR. "FUTURE RECEIPTS" MEANS ALL PAYMENTS MADE TO DEBTOR BY CASH, CHECK, ACH OR OTHER ELECTRONIC TRANSFER, CREDIT CARD, DEBIT CARD, BANK CARD, CHARGE CARD OR OTHER FORM OF MONETARY PAYMENT IN THE ORDINARY COURSE OF DEBTOR'S BUSINESS. DEBTOR AND SECURED PARTY INTEND THAT THE SALE OF FUTURE RECEIPTS IS A SALE AND NOT AN ASSIGNMENT FOR SECURITY. NOTICE: PURSUANT TO THE AGREEMENT BETWEEN DEBTOR AND SECURED PARTY, DEBTOR IS PROHIBITED FROM OBTAINING ANY FINANCING THAT IMPAIRS THE VALUE OF THE FUTURE RECEIPTS OR SECURED PARTY'S RIGHT TO COLLECT SAME