

UCC-1 Form

FILER INFORMATION

Full name: **KIM MINUCCI**

Email Contact at Filer: **KMINUCCI@TRIDENTABSTRACT.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **TRIDENT ABSTRACT TITLE AGENCY, LLC**

Mailing Address: **1340A CAMPUS PKWY**

City, State Zip Country: **WALL, NJ 07753 USA**

DEBTOR INFORMATION

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

Mailing Address: **141 LAKE STREET**

City, State Zip Country: **WEBSTER, MA 01570 USA**

Last Name (i.e. Family Name or Surname): **PATEL** First Name: **SHANKAR**

Mailing Address: **141 LAKE STREET**

City, State Zip Country: **WEBSTER, MA 01570 USA**

SECURED PARTY INFORMATION

Org. Name: **AMBOY BANK**

Mailing Address: **3590 US HIGHWAY 9**

City, State Zip Country: **OLD BRIDGE, NJ 08857 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: TA-157199

COLLATERAL

SEE ATTACHED