

UCC-1 Form

FILER INFORMATION

Full name: **NCS UCC SERVICES GROUP**

Email Contact at Filer: **UCC@NCSCREDIT.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **NCS UCC SRVICES GROUP**

Mailing Address: **PO BOX 24101**

City, State Zip Country: **CLEVELAND, OH 44124 USA**

DEBTOR INFORMATION

Org. Name: **GEORGE'S GALILEE RESTAURANT, INC.**

Mailing Address: **250 SAND HILL COVE RD**

City, State Zip Country: **NARRAGANSETT, RI 02882 USA**

SECURED PARTY INFORMATION

Org. Name: **US FOODS, INC.**

Mailing Address: **222 OTROBANDO AVENUE**

City, State Zip Country: **NORWICH, CT 06360 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: U338515

COLLATERAL

TO SECURE THE FULL AND TIMELY PAYMENT BY APPLICANT TO SELLER OF ALL AMOUNTS DUE TO SELLER, APPLICANT GRANTS TO SELLER A SECURITY INTEREST IN ALL OF APPLICANT'S PERSONAL PROPERTY, BOTH OWNED NOW OR AT ANY TIME IN THE FUTURE ACQUIRED AND WHEREVER LOCATED, INCLUDING, BUT NOT LIMITED TO ACCOUNTS, GOODS (INCLUDING, WITHOUT LIMITATION, ALL GOODS NOW OR HEREAFTER DELIVERED BY SELLER ON CREDIT TO APPLICANT), INVENTORY, EQUIPMENT, FIXTURES AND VEHICLES, TOGETHER WITH THE PROCEEDS AND PRODUCTS OF ANY OF THEM.