

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: ASHAWAY AMBULANCE ASSOCIATION, INC.

Mailing Address: 72 HIGH STREET

City, State Zip Country: ASHAWAY, RI 02804 USA

SECURED PARTY INFORMATION

Org. Name: KS STATEBANK

Mailing Address: 1010 WESTLOOP, P.O. BOX 69

City, State Zip Country: MANHATTAN, KS 66502 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2563 68359

COLLATERAL

THE EQUIPMENT DESCRIBED IN THE EQUIPMENT FINANCE AGREEMENT, DATED AS OF MAY 5, 2023 BETWEEN DEBTOR, AS DEBTOR, AND SECURED PARTY, AS CREDITOR, INCLUDING ALL RELATED PROPERTY AND RIGHTS, REPAIRS, REPLACEMENTS, SUBSTITUTIONS AND MODIFICATIONS AND ALL PROCEEDS AND PRODUCTS OF ANY OR ALL OF THE FOREGOING, AND ALL NECESSARY OR HELPFUL IN ENFORCING, IDENTIFYING OR ESTABLISHING ANY ITEM OF COLLATERAL WHETHER EXISTING ON THE DATE HEREOF OR ARISING HEREAFTER, AS SUCH CONTRACT MAY BE AMENDED, MODIFIED OR SUPPLEMENTED FROM TIME TO TIME TOGETHER WITH ALL OF DEBTOR'S RIGHT, TITLE AND INTEREST IN AND TO THE VENDOR PAYABLE ACCOUNT ESTABLISHED IN DEBTOR'S NAME AT KS STATEBANK. ONE (1) 2022 RAM 5500 4X4 AEV Type I REMAN AMBULANCE, VIN: 3C7WRNCLXNG379470, WITH ONE (1) STRYKER MTS POWER LOAD COT. 3361707.