

UCC-1 Form

FILER INFORMATION

Full name: **ONLINE DEPT.**

Email Contact at Filer: **ONLINE@FICOSO.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **FIRST CORPORATE SOLUTIONS INC.**

Mailing Address: **914 S STREET**

City, State Zip Country: **SACRAMENTO, CA 95811 USA**

DEBTOR INFORMATION

Org. Name: **FERRY TRUCKING INC**

Mailing Address: **5 BAKER ST**

City, State Zip Country: **REHOBOTH, MA 02769 USA**

Last Name (i.e. Family Name or Surname): **CASEY** First Name: **JOHN** Middle Name: **JAMES**

Mailing Address: **1815 MINERAL SPRING AVE**

City, State Zip Country: **NORTH PROVIDENCE, RI 02904 USA**

SECURED PARTY INFORMATION

Org. Name: **E ADVANCE SERVICES**

Mailing Address: **370 LEX AVE SUITE 801**

City, State Zip Country: **NY, NY 10017 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: [UCC1-1206615]

COLLATERAL

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