

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: **OCEAN KI ACUPUNCTURE, INC.**

Mailing Address: **136 W MAIN RD #A**

City, State Zip Country: **MIDDLETOWN, RI 02842 USA**

SECURED PARTY INFORMATION

Org. Name: **IDEA 247, INC.**

Mailing Address: **200 SE 1ST ST, STE 703**

City, State Zip Country: **MIAMI, FL 33131 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2650 84292

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