

UCC-1 Form

FILER INFORMATION

Full name: **FFE SERVICES LLC,AS REPRESENTATIVE**

Email Contact at Filer: **FFESERVICESLLC@GMAIL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **FFE SERVICES LLC,AS REPRESENTATIVE**

Mailing Address: **11501 SUNSET HILLS ROAD SUITE 400, ,**

City, State Zip Country: **RESTON, VA 20190 USA**

DEBTOR INFORMATION

Org. Name: **PROFESSIONAL DELIVERY SERVICES INC**

Mailing Address: **78 CALLA ST**

City, State Zip Country: **PROVIDENCE, RI 02905 USA**

SECURED PARTY INFORMATION

Org. Name: **FFE SERVICES LLC,AS REPRESENTATIVE**

Mailing Address: **11501 SUNSET HILLS ROAD SUITE 400, ,**

City, State Zip Country: **RESTON, VA 20190 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 262868

COLLATERAL

SEE ATTACHED