

UCC-1 Form

FILER INFORMATION

Full name: **WOLTERS KLUWER LIEN SOLUTIONS**

Email Contact at Filer: **CTLSWEBACK@WOLTERSKLUWER.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **LIEN SOLUTIONS**

Mailing Address: **P.O. Box 29071**

City, State Zip Country: **GLENDAL, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **F & M TRANSPORTATION LLC**

Mailing Address: **151 ALTHEA ST FL 1**

City, State Zip Country: **PROVIDENCE, RI 02907 USA**

Last Name (i.e. Family Name or Surname): **MATIAS** First Name: **LEUDY**

Mailing Address: **151 ALTHEA ST FL 1**

City, State Zip Country: **PROVIDENCE, RI 02907 USA**

Last Name (i.e. Family Name or Surname): **NUNEZ** First Name: **LEUDY**

Mailing Address: **151 ALTHEA ST FL 1**

City, State Zip Country: **PROVIDENCE, RI 02907 USA**

Last Name (i.e. Family Name or Surname): **NUNEZ MATIAS** First Name: **LEUDY**

Mailing Address: **151 ALTHEA ST FL 1**

City, State Zip Country: **PROVIDENCE, RI 02907 USA**

SECURED PARTY INFORMATION

Org. Name: **AMPLUS 223 TRUST**

Mailing Address: **9300 METCALF AVENUE**

City, State Zip Country: **OVERLAND PARK, KS 66212 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-95358946-67597838

COLLATERAL

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ACCOUNTS; AND ALL PROCEEDS OF ANY OF THE FOREGOING ASSETS AND RELATED RIGHTS AND INTERESTS.