

UCC-1 Form

FILER INFORMATION

Full name: **IMMACULATE WANJIRU**

Email Contact at Filer: **FULFILLMENT@MIDDESK.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **MIDDESK, INC.**

Mailing Address: **85 2ND STREET SUITE 710**

City, State Zip Country: **SAN FRANCISCO, CA 94105 USA**

DEBTOR INFORMATION

Org. Name: **SMITHFIELD DIESEL AND TRANSMISSION REPAIR, INC.**

Mailing Address: **170 WASHINGTON HWY**

City, State Zip Country: **SMITHFIELD, RI 02917-1833 USA**

SECURED PARTY INFORMATION

Org. Name: **INNOVATION REFUNDS**

Mailing Address: **4350 WESTOWN PKWY 8 300**

City, State Zip Country: **WEST DES MOINES, IA 50266 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: C1012277

COLLATERAL

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