

UCC-1 Form

FILER INFORMATION

Full name: **MFR OFFICE**

Email Contact at Filer: **DOCTEAM@MFRESOURCES.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **MACHINERY FINANCE RESOURCES, LLC**

Mailing Address: **1000 DAY HILL ROAD**

City, State Zip Country: **WINDSOR, CT 06095 USA**

DEBTOR INFORMATION

Org. Name: **T.F.LABOISSONNIERE METAL FABRICATING Co.**

Mailing Address: **9 MORIN AVENUE**

City, State Zip Country: **COVENTRY, RI 02816 USA**

SECURED PARTY INFORMATION

Org. Name: **MACHINERY FINANCE RESOURCES, LLC**

Mailing Address: **1000 DAY HILL ROAD**

City, State Zip Country: **WINDSOR, CT 06095 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 241660

COLLATERAL

ONE (1) NEW HAAS CL-1 CNC LATHE & ONE (1) NEW HAAS VF-2SS CNC VERTICAL MACHINING CENTER WITH ALL STANDARD OPTIONS & ACCESSORIES TOGETHER WITH ALL REPLACEMENTS, SUBSTITUTIONS, PARTS, REPAIRS, ADDITIONS, ACCESSIONS, ATTACHMENTS AND ACCESSORIES INCORPORATED THEREIN OR AFFIXED OR ATTACHED THERETO AND ANY AND ALL PROCEEDS OF THE FOREGOING, INCLUDING WITHOUT LIMITATION, INSURANCE RECOVERIES. ANY RECEIPT OF PROCEEDS OF THE COLLATERAL BY ANOTHER SECURED PARTY VIOLATES THE RIGHTS OF SECURED PARTY.