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: **COMMUNITY CARE ALLIANCE**

Mailing Address: **68 CUMBERLAND ST**

City, State Zip Country: **WOONSOCKET, RI 02895-3300 USA**

SECURED PARTY INFORMATION

Org. Name: **MARCO**

Mailing Address: **PO BOX 609**

City, State Zip Country: **CEDAR RAPIDS, IA 52406 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 3059728 2859 06046

COLLATERAL

SHARP BP-50M45 COPIER SHARP BP-50M55 COPIER SHARP BP-50M55 COPIER SHARP BP-50M55 COPIER AND ALL PRODUCTS, PROCEEDS AND ATTACHMENTS.