

UCC-1 Form

FILER INFORMATION

Full name: **JAMES G PAPPAS**

Email Contact at Filer: **ADMINISTRATION@COMPLETECAPITALSERVICES.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **COMPLETE CAPITAL SERVICES, INC.**

Mailing Address: **22811 GREATER MACK AVE., SUITE 203**

City, State Zip Country: **SAINT CLAIR SHORES, MI 48080 USA**

DEBTOR INFORMATION

Org. Name: **GOODWIN-BRADLEY PATTERN CO., INC.**

Mailing Address: **216 OXFORD STREET**

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

SECURED PARTY INFORMATION

Org. Name: **COMPLETE CAPITAL SERVICES, INC.**

Mailing Address: **22811 GREATER MACK AVE., SUITE 203**

City, State Zip Country: **SAINT CLAIR SHORES, MI 48080 USA**

ASSIGNEE INFORMATION

Org. Name: **SUMMIT FUNDING GROUP, INC.**

Mailing Address: **4680 PARKWAY DRIVE, SUITE 300**

City, State Zip Country: **MASON, OH 45040 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 9090

COLLATERAL

ONE (1) LEADWELL V-52AF VERTICAL MACHINING CENTER