

UCC-1 Form

FILER INFORMATION

Full name: **ONLINE DEPT.**

Email Contact at Filer: **ONLINE@FICOSO.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **FIRST CORPORATE SOLUTIONS INC.**

Mailing Address: **914 S STREET**

City, State Zip Country: **SACRAMENTO, CA 95811 USA**

DEBTOR INFORMATION

Last Name (i.e. Family Name or Surname): **KOLIYAH** First Name: **DANIEL**

Mailing Address: **32 LUKE STREET**

City, State Zip Country: **PROVIDENCE, RI 02904 USA**

Org. Name: **JB KOLIYAH TRUCKING LLC**

Mailing Address: **32 LUKE STREET**

City, State Zip Country: **PROVIDENCE, RI 02904 USA**

SECURED PARTY INFORMATION

Org. Name: **COMPASS EQUIPMENT FINANCE LLC**

Mailing Address: **115 W 55TH STREET, SUITE 302**

City, State Zip Country: **CLARENDON HILLS, IL 60514 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: **[UCC1-1456985] LOAN# 12801**

COLLATERAL

ALL ASSETS