

# UCC-1 Form

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## FILER INFORMATION

*Full name:* CORPORATION SERVICE COMPANY

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## SEND ACKNOWLEDGEMENT TO

*Contact name:* CORPORATION SERVICE COMPANY

*Mailing Address:* 801 ADLAI STEVENSON DRIVE

*City, State Zip Country:* SPRINGFIELD, IL 62703 USA

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## DEBTOR INFORMATION

*Org. Name:* PARE CORPORATION

*Mailing Address:* 8 BLACKSTONE VALLEY PL

*City, State Zip Country:* LINCOLN, RI 02865-1145 USA

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## SECURED PARTY INFORMATION

*Org. Name:* GREATAMERICA FINANCIAL SERVICES CORPORATION

*Mailing Address:* PO BOX 609

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

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: 3077848 2933 56524**

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## COLLATERAL

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