

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **JAMES PAPPAS**

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

## SEND ACKNOWLEDGEMENT TO

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

*Mailing Address:* **22811 GREATER MACK AVE, STE 203**

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

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## DEBTOR INFORMATION

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

*Mailing Address:* **216 OXFORD ST**

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

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## SECURED PARTY INFORMATION

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

*Mailing Address:* **22811 GREATER MACK AVE**

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

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## ASSIGNEE INFORMATION

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

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

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

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## TRANSACTION TYPE: STANDARD

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## COLLATERAL

ONE (1) NEW LEADWELL LTC-210Y CNC LATHE INLCUDING ALL ACCESSORIES AND/OR OPTIONS