

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: **ARLINGTON R.V. SUPERCENTER, INC.**

Mailing Address: **966 QUAKER LANE**

City, State Zip Country: **EAST GREENWICH, RI 02818 USA**

SECURED PARTY INFORMATION

Org. Name: **NORTHPOINT COMMERCIAL FINANCE LLC**

Mailing Address: **PO BOX 1445**

City, State Zip Country: **ALPHARETTA, GA 30009-1445 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 3066 28870

COLLATERAL

ALL ASSETS OF DEBTOR WHETHER NOW OWNED OR HEREAFTER ACQUIRED OR ARISING.