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: **CENTRAL NURSERIES, INC.**

Mailing Address: **7 MORGAN MILL AVE**

City, State Zip Country: **1155 ATWOOD AVE, RI 02919 USA**

SECURED PARTY INFORMATION

Org. Name: **OAKMONT CAPITAL HOLDINGS LLC**

Mailing Address: **600 WILLOWBROOK LANE, STE 601**

City, State Zip Country: **WEST CHESTER, PA 19382 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2109101157 3069 76350

COLLATERAL

2025 TAKEUCHI TL8R2-CRH TRACK LOADER SN: 408008896 W/ 76" BUCKET SN: N/A