

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): **SURABIAN** First Name: **DAVID**

Mailing Address: **76 APPLGATE ROAD**

City, State Zip Country: **CRANSTON, RI 02920 USA**

Org. Name: **THE BUTCHER SHOP, INCORPORATED**

Mailing Address: **157 ELMGROVE AVE**

City, State Zip Country: **PROVIDENCE, RI 02906 USA**

SECURED PARTY INFORMATION

Org. Name: **QUIK CAPITAL, LLC**

Mailing Address: **4350 W. CYPRESS ST., SUITE 701**

City, State Zip Country: **TAMPA, FL 33607 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: **[UCC1-1565206] 5611050001126309/THE BUTCHER S**

COLLATERAL

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