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: **EASTERN RECOVERY, INC.**

Mailing Address: **10 A ENTERPRISE LANE**

City, State Zip Country: **SMITHFIELD, RI 02917 USA**

SECURED PARTY INFORMATION

Org. Name: **COMMERCIAL CREDIT GROUP INC. ON BEHALF OF ITSELF AND ON BEHALF OF ALL AFFILIATES OF CCI**

Mailing Address: **400 ESSJAY ROAD, SUITE 340**

City, State Zip Country: **WILLIAMSVILLE, NY 14221 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 42369 3080 68546

COLLATERAL

(1) 2024 RAM 4500 STL FLATBED TOW TRUCK WITH VULCAN 810 POWER TILT BODY 3C7WRLAL0RG271467 AND ALL ATTACHMENTS, ACCESSIONS, IMPROVEMENTS, TOOLING, REPLACEMENTS, REPLACEMENT PARTS, SOFTWARE AND SOFTWARE UPGRADES AND ALL CASH AND NON-CASH PROCEEDS (INCLUDING RENTAL PROCEEDS, INSURANCE PROCEEDS, ACCOUNTS AND CHATTEL PAPER ARISING OUT OF OR RELATED TO THE SALE, USE, RENTAL OR OTHER DISPOSITION THEREOF) OF AND TO ALL OF THE FOREGOING. IN ADDITION TO THE FOREGOING COLLATERAL, ALL ASSETS NOW OWNED OR HEREAFTER ACQUIRED. SECURED PARTY INCLUDES COMMERCIAL CREDIT GROUP INC. ON BEHALF OF ITSELF AND ON BEHALF OF ALL AFFILIATES OF COMMERCIAL CREDIT, INC.