

UCC-1 Form

FILER INFORMATION

Full name: **NORTHLAND CAPITAL**

Email Contact at Filer: **OPERATIONSSUPPORT@NORTHLANDCAPITAL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **NORTHLAND CAPITAL**

Mailing Address: **333 33RD AVE S**

City, State Zip Country: **ST. CLOUD, MN 56301 USA**

DEBTOR INFORMATION

Org. Name: **PROSCAPE LANDSCAPING MANAGEMENT, CORP.**

Mailing Address: **244 BURLINGHAM AVE**

City, State Zip Country: **NORTH KINGSTOWN, RI 02818 USA**

SECURED PARTY INFORMATION

Org. Name: **NORTHLAND CAPITAL FINANCIAL SERVICES, LLC**

Mailing Address: **PO BOX 7278**

City, State Zip Country: **ST. CLOUD, MN 56302 USA**

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: SELLER-BUYER

CUSTOMER REFERENCE: C23686-003

COLLATERAL

2025 STEEL GREEN SG52 SPRAYER SN: SG52-25014