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: **RHODE ISLAND FOOT CARE, INC.**

Mailing Address: **649 EAST AVE**

City, State Zip Country: **PAWTUCKET, RI 02860 USA**

SECURED PARTY INFORMATION

Org. Name: **DE LAGE LANDEN FINANCIAL SERVICES, INC.**

Mailing Address: **1111 OLD EAGLE SCHOOL RD**

City, State Zip Country: **WAYNE, PA 19087 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 3093 37464

COLLATERAL

ALL EQUIPMENT LEASED OR FINANCED BY SECURED PARTY TO OR FOR DEBTOR PURSUANT TO SECURED PARTY'S CONTRACT NUMBER 500-50729466, TOGETHER WITH ALL ADDITIONS, ATTACHMENTS, ACCESSORIES AND SUBSTITUTIONS TO OR FOR THE SAME, AND ALL PROCEEDS OF THE FOREGOING, LEASE NUMBER 500-50729466