

UCC-1 Form

FILER INFORMATION

Full name: **NANCY N GONZALEZ**

Email Contact at Filer: **COLLECTIONSCA@RIAMONEYTRANSFER.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **DANDELION PAYMENTS, INC**

Mailing Address: **7000 VILLAGE DRIVE STE 200**

City, State Zip Country: **BUENA PARK, CA 90621 USA**

DEBTOR INFORMATION

Org. Name: **LA FAMILIA MEAT MARKET LLC**

Mailing Address: **196 POCASSET AVENUE**

City, State Zip Country: **PROVIDENCE, RI 02909 USA**

Last Name (i.e. Family Name or Surname): **ALMANZAR** First Name: **JUAN**

Mailing Address: **77 ALLEN AVENUE**

City, State Zip Country: **CRANSTON, RI 02910 USA**

SECURED PARTY INFORMATION

Org. Name: **DANDELION PAYMENTS, INC**

Mailing Address: **7000 VILLAGE DRIVE STE. 200**

City, State Zip Country: **BUENA PARK, CA 90621 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI212

COLLATERAL

THE COLLATERAL IN WHICH AGENT/DEBTOR GRANTS CONTINENTAL EXCHANGE SOLUTIONS, INC., A SECURITY INTEREST CONSISTS OF ALL AGENTS/DEBTOR'S PRESENTLY OWNED, FUTURE, AND HEREAFTER ACQUIRED ACCOUNTS, CHATTEL PAPER, NEGOTIABLE INSTRUMENTS INCLUDING BUT NOT LIMITED TO, CHECKS, CASH ,CASH DEPOSIT ACCOUNTS, INVENTORY, FURNITURE, TRADE FIXTURES, EQUIPMENT, PREMISES LEASE, AND GENERAL TANGIBLES AND INTANGIBLES WHERESOEVER LOCATED, TOGETHER WIHT ALL OF THE PROCEEDS AND PRODUCTS OF EACH INCLUDING BUT NOT LIMITED TO, THE PROCEEDS PAYABLE UNDER AND UPON ANY INSURANCE POLICIES INSURING ANY OF THE AFOREMENTIONED COLLATERAL AGAINST LOSS