

UCC-1 Form

FILER INFORMATION

Full name: **CSC**

Email Contact at Filer: **RISOSUCCFILINGSV3@CSCGLOBAL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CSC**

Mailing Address: **801 ADLAI STEVENSON DRIVE**

City, State Zip Country: **SPRINGFIELD, IL 62703 USA**

DEBTOR INFORMATION

Org. Name: **PDQ GRAPHICS LLC**

Mailing Address: **176 BROADWAY**

City, State Zip Country: **NEWPORT, RI 02840 USA**

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Mailing Address: **176 BROADWAY**

City, State Zip Country: **NEWPORT, RI 02840 USA**

Last Name (i.e. Family Name or Surname): **BAINTON** First Name: **JOSHUA** Middle Name: **W**

Mailing Address: **21 SLOCUM ST UNIT 2**

City, State Zip Country: **NEWPORT, RI 02840 USA**

SECURED PARTY INFORMATION

Org. Name: **APP FUNDING BETA LLC**

Mailing Address: **29 W 36TH ST**

City, State Zip Country: **NEW YORK, NY 10018 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 1968407

COLLATERAL

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