

UCC-1 Form

FILER INFORMATION

Full name: **ONLINE DEPT.**

Email Contact at Filer: **ONLINE@FICOSO.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **FIRST CORPORATE SOLUTIONS INC.**

Mailing Address: **914 S STREET**

City, State Zip Country: **SACRAMENTO, CA 95811 USA**

DEBTOR INFORMATION

Org. Name: **ENIOR CARE SERVICES LLC**

Mailing Address: **67 SANDY BOTTOM RD**

City, State Zip Country: **CONVENTRY, RI 02816 USA**

Org. Name: **HELPING HEARTS, LLC**

Mailing Address: **67 SANDY BOTTOM RD**

City, State Zip Country: **COVENTRY, RI 02816 USA**

Last Name (i.e. Family Name or Surname): **CROSS** First Name: **JENIFER**

Mailing Address: **67 SANDY BOTTOM RD**

City, State Zip Country: **COVENTRY, RI 02816 USA**

SECURED PARTY INFORMATION

Org. Name: **OLYMPUS LENDING LLC**

Mailing Address: **PO Box 17556**

City, State Zip Country: **HOLLADAY, UT 84117 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: [UCC1-1616959]

COLLATERAL

ALL INVENTORY, ALL MACHINERY, EQUIPMENT, FURNISHINGS, FIXTURES AND VEHICLES, AND ALL ADDITIONS, SUBSTITUTIONS AND REPLACEMENTS FOR ANY OF THE FOREGOING, WHEREVER LOCATED, TOGETHER WITH ALL ATTACHMENTS, COMPONENTS, PARTS, EQUIPMENT AND ACCESSORIES INSTALLED THEREON OR AFFIXED THERETO, ALL FIXTURES, ALL ACCOUNTS, ALL CHATTEL PAPER, ALL DOCUMENTS AND DOCUMENTS OF TITLE, ALL INSTRUMENTS, ALL INVESTMENT PROPERTY, ALL LETTER-OF-CREDIT RIGHTS, ALL DEPOSIT ACCOUNTS, ALL RETURNED OR REPOSSESSED GOODS ARISING FROM OR RELATING TO ANY ACCOUNTS OR CHATTEL PAPER, ALL COMMERCIAL TORT CLAIMS, ALL GENERAL INTANGIBLES, ALL SUPPORTING OBLIGATIONS AND ALL COLLATERAL FOR SUPPORTING OBLIGATIONS