

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: T.F. MORRA TREE CARE INC.

Mailing Address: 103 BARSTOW RD

City, State Zip Country: WARWICK, RI 02888 USA

SECURED PARTY INFORMATION

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

Mailing Address: 1111 OLD EAGLE SCHOOL ROAD

City, State Zip Country: WAYNE, PA 19087 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 3133 63479

COLLATERAL

1- TRACKED LIFTS PB 22.10 ARTICULATING BOOM S/N: PB15139, TOGETHER WITH ALL COMPONENTS, ADDITIONS, UPGRADES, ATTACHMENTS, ACCESSIONS, SUBSTITUTIONS, REPLACEMENTS AND PROCEEDS OF THE FOREGOING. THIS FILING RELATES ONLY TO THE AFOREMENTIONED COLLATERAL, AND IS NOT INTENDED TO CREATE OR PERFECT A LIEN ON ALL OF THE DEBTOR'S ASSETS.