

UCC-1 Form

FILER INFORMATION

Full name: CT LIEN SOLUTIONS *Phone:* (800)331-3282

CONTACT INFORMATION

Contact name: CT LIEN SOLUTIONS

Street #1: P.O. BOX 29071

Street #2: ORDER:51545531

City: GLENDALE *State:* CA *ZIP:* 91209-9071 *Country:* USA

Notification Method: E-MAIL *Email:* SOSACK@UCCDIRECT.COM

DEBTOR INFORMATION

Last Name: ONEIL *First:* SHARON *Middle:* E

Mailing Address1: 561 W GREENVILLE RD

City: NORTH SCITUATE *State:* RI *ZIP:* 02857-1409 *Country:* USA

Org. Name: SAH REAL ESTATE INVESTMENTS, LLC

Mailing Address1: 561 W GREENVILLE RD

City: NORTH SCITUATE *State:* RI *ZIP:* 02857-1409 *Country:* USA

Org. Name: SCITUATE ANIMAL HOSPITAL, INC.

Mailing Address1: 561 W GREENVILLE RD

City: NORTH SCITUATE *State:* RI *ZIP:* 02857-1409 *Country:* USA

SECURED PARTY INFORMATION

Org. Name: WELLS FARGO BANK, N.A.

Mailing Address1: 2000 POWELL ST., FOURTH FLOOR

City: EMERYVILLE *State:* CA *ZIP:* 94608 *Country:* USA

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION:

COLLATERAL

(a) (1) All Accounts, Chattel Paper, and other rights to payment of the Debtor, whether now owned or hereafter acquired; (2) all Inventory of the Debtor, whether now owned or hereafter acquired; (3) all Equipment of the Debtor, whether now owned or hereafter acquired; (4) all General Intangibles and Contract Rights of the Debtor including without limitation all patient records and patient charts, whether now owned or hereafter acquired; (b) All of the above, together with all substitutions and replacements for and products of any of the foregoing personal property, together with all accessions, attachments, parts, and modifications, and repairs now or hereafter attached or affixed to or used in connection with any such personal property.