

UCC-1 Form

FILER INFORMATION

Full name: **WOLTERS KLUWER LIEN SOLUTIONS**

Email Contact at Filer: **CTLSWEBACK@WOLTERSKLUWER.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **LIEN SOLUTIONS**

Mailing Address: **P.O. Box 29071**

City, State Zip Country: **GLENDALE, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **HYLAND EQUIPMENT COMPANY II, LLC**

Mailing Address: **5800 POST ROAD**

City, State Zip Country: **EAST GREENWICH, RI 02818 USA**

SECURED PARTY INFORMATION

Org. Name: **CITIBANK, N.A., ITS BRANCHES, SUBSIDIARIES AND AFFILIATES**

Mailing Address: **388 GREENWICH STREET 10TH FLOOR**

City, State Zip Country: **NEW YORK, NY 10013 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-68558618-56578146

COLLATERAL

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