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# **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: WOLF ROCK ANIMAL HEALTH, INC.

Mailing Address: 710 SOUTH COUNTRY TRAIL
City, State Zip Country: Exeter, RI 02822 USA

### SECURED PARTY INFORMATION

Org. Name: THE WASHINGTON TRUST COMPANY, OF WESTERLY

Mailing Address: 23 Broad Street

City, State Zip Country: WESTERLY, RI 02891 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-69121785-56784595

## **COLLATERAL**

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