

# UCC-1 Form

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## 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**

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## DEBTOR INFORMATION

*Org. Name:* **MOSES BROWN SCHOOL INCORPORATED**

*Mailing Address:* **250 LLOYD AVE**

*City, State Zip Country:* **PROVIDENCE, RI 029062313 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **U.S. BANK EQUIPMENT FINANCE**

*Mailing Address:* **1310 MADRID STREET**

*City, State Zip Country:* **MARSHALL, MN 56258 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-70506611-57304047**

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## COLLATERAL

1 COPIERS TA4003i RFX9101030BW; 1 COPIERS TA3553ci RFE9401797BW; 1 COPIERS TA3553ci RFE9301312BW; 1 COPIERS TA3553ci RFE9301272BW; 1 COPIERS TA3553ci RFE9401739BW; 1 COPIERS TA3553ci RFE9301364BW; 1 COPIERS TA3553ci RFE9301265BW; 1 COPIERS TA3553ci RFE94017725BW; 1 COPIERS-CPC TA3553ci RFE9401797COLOR; 1 COPIERS-CPC TA3553ci RFE9301312COLOR; 1 COPIERS-CPC TA3553ci RFE9301272COLOR; 1 COPIERS-CPC TA3553ci RFE9401739COLOR; 1 COPIERS-CPC TA3553ci RFE9301364COLOR; 1 COPIERS-CPC TA3553ci RFE9301265COLOR; 1 COPIERS-CPC TA3553ci RFE94017725COLOR; TOGETHER WITH ALL REPLACEMENTS, PARTS, REPAIRS, ADDITIONS, ACCESSIONS AND ACCESSORIES INCORPORATED THEREIN OR AFFIXED OR ATTACHED THERETO AND ANY AND ALL PROCEEDS OF THE FOREGOING, INCLUDING, WITHOUT LIMITATION, INSURANCE RECOVERIES: