

# 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:* **RHODE ISLAND DISASTER MEDICAL ASSISTANCE TEAM, INC.**

*Mailing Address:* **50 BARNETT LN**

*City, State Zip Country:* **WEST GREENWICH, RI 02817 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **U.S. BANK EQUIPMENT FINANCE, A DIVISION OF U.S. BANK NATIONAL ASSOCIATION**

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

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

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-70732503-57394071**

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## COLLATERAL

2- X SERIES MANUAL MONITOR/DEFIBRILLATOR 4- SIX HOUR RECHARGEABLE SMART BATTERY 1- SUREPOWER 4 BAY CHARGING SYSTEM W/4 BATTERY CHA 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.