

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: **CHARLESTOWN AMBULANCE AND RESCUE SERVICE, INC.**

Mailing Address: **4891 OLD POST ROAD**

City, State Zip Country: **CHARLESTOWN, RI 02813 USA**

SECURED PARTY INFORMATION

Org. Name: **LCA BANK CORPORATION**

Mailing Address: **1441 W. UTE BLVD SUITE 250**

City, State Zip Country: **PARK CITY, UT 84098 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-70825220-57432601

COLLATERAL

THIS FINANCING STATEMENT COVERS THE FOLLOWING COLLATERAL: "ALL OF THE EQUIPMENT REFERENCED IN THE EQUIPMENT FINANCE AND SECURITY AGREEMENT #147631-001, WHICH EQUIPMENT IS GENERALLY DESCRIBED AS: [RADIO EQUIPMENT] AND ALL PROCEEDS (INCLUDING CASH, NON-CASH AND INSURANCE PROCEEDS), ALL ACCESSIONS, ADDITIONS AND ATTACHMENTS, AND ALL SUBSTITUTIONS AND REPLACEMENTS."