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: **SOLIELLE DESIGN STUDIO, LLC**

Mailing Address: **25 EDWIN ST**

City, State Zip Country: **BARRINGTON, RI 02806-1003 USA**

SECURED PARTY INFORMATION

Org. Name: **GENEVA CAPITAL, LLC**

Mailing Address: **1311 BROADWAY ST**

City, State Zip Country: **ALEXANDRIA, MN 56308-2645 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-71145120-57557822

COLLATERAL

THIS IS AN EQUIPMENT LEASE OR FINANCE TRANSACTION FOR THE FOLLOWING EQUIPMENT, AGREEMENT #65786 1- EVOLUTION TEXTILE RIP 1- EVOLUTION COLORING MODULE 1- EVOLUTION PROFILE 8 COLOR 1 PR2 BUNDLE 2- MIMAKI TX 300P-1800 S/N: W394B439; W394B440 1- PRESSURIZED FABRIC STEAMER S/N: 03-00-0120