

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: **NOAH'S SNACKS, LLC**

Mailing Address: **3160 36TH STREET N**

City, State Zip Country: **PETERSBURG, FL 33713 USA**

SECURED PARTY INFORMATION

Org. Name: **BANC OF AMERICA LEASING & CAPITAL, LLC**

Mailing Address: **135 S. LaSALLE STREET IL4-135-10-61**

City, State Zip Country: **CHICAGO, IL 60603 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-71437343-57665910

COLLATERAL

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