

UCC-1 Form

FILER INFORMATION

Full name: **WOLTERS KLUWER LIEN SOLUTIONS**

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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: **UROLOGIC SPECIALISTS OF NEW ENGLAND, LLC**

Mailing Address: **207 QUAKER LANE**

City, State Zip Country: **WEST WARWICK, RI 02893 USA**

SECURED PARTY INFORMATION

Org. Name: **HITACHI CAPITAL AMERICA CORP.**

Mailing Address: **7808 CREEKRIDGE CIRCLE STE 250**

City, State Zip Country: **EDINA, MN 55439 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-72003522-57883810

COLLATERAL

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