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: **BAKER'S BOFFINS, LLC**

Mailing Address: **100 ANGELL ROAD**

City, State Zip Country: **CUMBERLAND, RI 02864 USA**

Last Name (i.e. Family Name or Surname): **BAKER** *First Name:* **KATHLEEN**

Mailing Address: **100 ANGELL ROAD**

City, State Zip Country: **CUMBERLAND, RI 02864 USA**

Last Name (i.e. Family Name or Surname): **BAKER** *First Name:* **DAVID**

Mailing Address: **100 ANGELL ROAD**

City, State Zip Country: **CUMBERLAND, RI 02864 USA**

SECURED PARTY INFORMATION

Org. Name: **TIMEPAYMENT CORP**

Mailing Address: **1600 DISTRICT AVE STE 200**

City, State Zip Country: **BURLINGTON, MA 01803 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-72145522-57935861

COLLATERAL

1 - P2416+: P2416+ 90W PROFESSIONAL LASER WITH FULL PASSTHROUGH, FSL 1 - WC5: REFRIGERATED CHILLER, SINGLE IN/OUT - 5G/5S/P20/P24/P36/P48, FSL 1 - ROTFRICSM: PRO ROTARY, FRICTION - P20/P24, FSL