

# UCC-1 Form

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## 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**

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## DEBTOR INFORMATION

*Org. Name:* **QUAKER LANE 509, LLC**

*Mailing Address:* **1025 OLD COUNTRY ROAD SUITE 425**

*City, State Zip Country:* **WESTBURY, NY 11590 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **BETHPAGE FEDERAL CREDIT UNION**

*Mailing Address:* **899 S. OYSTER BAY ROAD**

*City, State Zip Country:* **BETHPAGE, NY 11714 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-72268228-57982062**

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## COLLATERAL

ALL ASSETS OF THE DEBTOR, INCLUDING, WITHOUT LIMITATION, ALL OF THE DEBTOR'S EQUIPMENT (INCLUDING, BUT NOT LIMITED TO, MACHINERY, VEHICLES AND FURNITURE), FIXTURES, INVENTORY, ACCOUNTS, INVESTMENT PROPERTY, CHATTEL PAPER, INSTRUMENTS, DOCUMENTS AND GENERAL INTANGIBLES, WHEREVER LOCATED, WHETHER NOW OWNED OR HEREAFTER ACQUIRED OR ARISING, OF EVERY KIND AND DESCRIPTION, AND ALL PROCEEDS (INCLUDING INSURANCE PROCEEDS) THEREFROM, SUCH TERMS HAVING THEIR ORDINARY MEANING AS DESCRIBED BY THE UNIFORM COMMERCIAL CODE.