

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: **GLENDAL, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **UNIVERSITY INTERNAL MEDICINE, INC.**

Mailing Address: **407 EAST AVE STE 120**

City, State Zip Country: **PAWTUCKET, RI 028605299 USA**

SECURED PARTY INFORMATION

Org. Name: **U.S. BANK EQUIPMENT FINANCE**

Mailing Address: **1310 MADRID STREET**

City, State Zip Country: **MARSHALL, MN 56258 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-72269187-57982505

COLLATERAL

16 MONITOR M710E-SFF-CORE ; 11 THINKPAD ; 16 8GB MINN 288 PIN 2400 MHZ ; 11 MEMORY T470 8GB ; 29 ENDPOINT PROTECTION ; 1 BE 15 SERVER ; 27 OFFICE HOME AND BUSINESS 2019 ; TOGETHER WITH ALL REPLACEMENTS, PARTS, REPAIRS, ADDITIONS, ACCESSIONS AND ACCESSORIES INCORPORATED THEREIN OR AFFIXED OR ATTACHED THERETO AND ANY AND ALL PROCEEDS OF THE FOREGOING, INCLUDING, WITHOUT LIMITATION, INSURANCE RECOVERIES: