

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: **MATTERA ENTERPRISES, LLC**

Mailing Address: **28 YOUNG ORCHARD AVE**

City, State Zip Country: **WARWICK, RI 02888 USA**

SECURED PARTY INFORMATION

Org. Name: **UNITED MIDWEST SAVINGS BANK, N.A.**

Mailing Address: **6460 BUSCH BLVD.**

City, State Zip Country: **COLUMBUS,, OH 43229 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-72892652-58220059

COLLATERAL

ALL EQUIPMENT, TRADE FIXTURES, INVENTORY, INSTRUMENTS, ACCOUNTS, CHATTEL PAPER, GENERAL INTANGIBLES; WHETHER ANY OF THE FOREGOING IS OWNED NOW OR ACQUIRED LATER; ALL ACCESSIONS, ADDITIONS, REPLACEMENTS, AND SUBSTITUTIONS RELATING TO ANY OF THE FOREGOING; ALL RECORDS OF ANY KIND RELATING TO ANY OF THE FOREGOING; ALL PROCEEDS RELATING TO ANY OF THE FOREGOING (INCLUDING INSURANCE, GENERAL INTANGIBLES AND OTHER ACCOUNTS PROCEEDS).