

# 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:* **LEE'S MANUFACTURING CO, INC**

*Mailing Address:* **160 NINACTIC AVE**

*City, State Zip Country:* **PROVIDENCE, RI 02907 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **GF MACHINING SOLUTIONS LLC**

*Mailing Address:* **560 BOND STREET**

*City, State Zip Country:* **LINCOLNSHIRE, IL 60069 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-73146215-58320692**

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## COLLATERAL

MACHINE MODEL# CUT C350 S/N# 396.900.220.0134 WITH TRANSFORMER & OPTIONS - MINV011415 THIS SECURITY AGREEMENT COVERS MACHINERY AS WELL AS THE PROCEEDS OF MACHINERY WHETHER LOCATED IN ACCOUNTS, ACCOUNTS RECEIVABLE OR ELSEWHERE