

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: **GOLDEN NAILS LLC**

Mailing Address: **69 PROVIDENCE PL**

City, State Zip Country: **PROVIDENCE, RI 02903 USA**

Last Name (i.e. Family Name or Surname): **NGUYEN** *First Name:* **RUBY**

Mailing Address: **154 FORSYTHE CIRCLE**

City, State Zip Country: **SEEKONK, MA 02771 USA**

SECURED PARTY INFORMATION

Org. Name: **CFG MERCHANT SOLUTIONS LLC**

Mailing Address: **201 ROUTE 17 NORTH SUITE 805**

City, State Zip Country: **RUTHERFORD, NJ 07070 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-73715602-58543936

COLLATERAL

SECURED PARTY HAS PURCHASED CERTAIN "FUTURE RECEIPTS" FROM DEBTOR. "FUTURE RECEIPTS" MEANS ALL PAYMENTS MADE TO DEBTOR BY CASH, CHECK, ACH OR OTHER ELECTRONIC TRANSFER, CREDIT CARD, DEBIT CARD, BANK CARD, CHARGE CARD OR OTHER FORM OF MONETARY PAYMENT IN THE ORDINARY COURSE OF DEBTOR'S BUSINESS. DEBTOR AND SECURED PARTY INTEND THAT THE SALE OF FUTURE RECEIPTS IS A SALE AND NOT AN ASSIGNMENT FOR SECURITY. NOTICE: PURSUANT TO THE AGREEMENT BETWEEN DEBTOR AND SECURED PARTY, DEBTOR IS PROHIBITED FROM OBTAINING ANY FINANCING THAT IMPAIRS THE VALUE OF THE FUTURE RECEIPTS OR SECURED PARTY'S RIGHT TO COLLECT SAME. IN THE EVENT THAT ANY ENTITY IS GRANTED A SECURITY INTEREST IN DEBTOR'S FUTURE RECEIPTS CONTRARY TO THE ABOVE, THE SECURED PARTY ASSERTS A CLAIM TO ANY PROCEEDS THEREOF RECEIVED BY SUCH ENTITY.