

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: **HEAVENLY DELIGHTS, INC.**

Mailing Address: **6 MERRITT RD**

City, State Zip Country: **EAST PROVIDENCE, RI 02915 USA**

SECURED PARTY INFORMATION

Org. Name: **MARLIN LEASING**

Mailing Address: **300 FELLOWSHIP ROAD**

City, State Zip Country: **MOUNT LAUREL, NJ 08054 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-73748547-58554718

COLLATERAL

EQUIPMENT DESCRIPTION: 2 - EL1701 REFURB SALE - ONYX/ONYX-ENGLISH-GRATUITE/FREE SERIAL NUMBERS: EL1701-200181-R1 SERIAL NUMBERS: EL1701-781181-R1 2 - CHUTE OPTION FOR PE-TL-EG-EL 1 - 7CI100A-IW-CF-ST-00 COUNTERTOP ICE AND WATER WITH INTERNAL FILTER, ALL ACCESSORIES INCLUDED SERIAL NUMBER: L34515