

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: **X-RAY ASSOCIATES, INCORPORATED**

Mailing Address: **65 SOCKANOSSET CROSS RD**

City, State Zip Country: **CRANSTON, RI 02920 USA**

SECURED PARTY INFORMATION

Org. Name: **TIAA COMMERCIAL FINANCE INC.**

Mailing Address: **10 WATERVIEW BLVD.**

City, State Zip Country: **PARSIPPANY, NJ 07054 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-73793892-58571693

COLLATERAL

ALL ITEMS OF EQUIPMENT (AND OTHER RELATED ASSETS, INCLUDING THE ASSETS DESCRIBED BELOW) FINANCED AND ENCUMBERED PURSUANT TO AN AGREEMENT BETWEEN SECURED PARTY AND DEBTOR NAMED ABOVE. ALL ITEMS OF PERSONAL PROPERTY DESCRIBED IN THE ATTACHED ASSET DESCRIPTION. 1, FUJIFILM XRA MEDICAL IMAGING SYNAPSE PACS UPGRADE 3, DELL R740 G10 24 CORE ENTERPRISE SERVER