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: **FITNESS CAPITAL VENTURES #2, LLC**

Mailing Address: **900 CIRCLE 75 PARKWAY SUITE 860**

City, State Zip Country: **ATLANTA, GA 30339 USA**

SECURED PARTY INFORMATION

Org. Name: **WHITEHORSE CAPITAL MANAGEMENT, LLC, AS AGENT**

Mailing Address: **1450 BRICKELL AVE., 31ST FLOOR**

City, State Zip Country: **MIAMI, FL 33131 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-73999875-58648249

COLLATERAL

ALL ASSETS OF THE DEBTOR, WHETHER NOW OWNED OR HEREAFTER ACQUIRED OR ARISING AND WHEREVER LOCATED.