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: **WOLF ROCK ANIMAL HEALTH, INC.**

Mailing Address: **710 S. COUNTY TRAIL**

City, State Zip Country: **EXETER, RI 02822 USA**

SECURED PARTY INFORMATION

Org. Name: **BANK MIDWEST**

Mailing Address: **505 MARKET STREET SUITE 110**

City, State Zip Country: **DES MOINES, IA 50266 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-74149494-58704595

COLLATERAL

PURCHASE MONEY INTEREST IN MIDWEST VETERINARY SUPPLY, INC INVOICE #11660558-000 DATE: 1/13/20 TABLE EXAM WALLMOUNT FOLDING GAS ASSIST MIDMARK *DS* SERIAL #V2197375, TRACTION MAT FOR FOLDING TABLE MIDMARK *DS* AND MIDWEST VETERINARY SUPPLY, INC INVOICE #11660519-050 DATE: 12/23/19 VITAL SIGNS MONITOR PULSE SP02 J1459D OXI+BP+CAP STOCK IN 02 AND MIDWEST VETERINARY SUPPLY, INC INVOICE #11660542-000 DATE: 12/30/19 VET BEDJET WARM AIR UNIT SERIAL #CDG07C082945 AND UNIVERSAL IMAGING INVOICE #INV008231 DATE: 12/27/2019 SONOSCAPE X5 PORTABLE ULTRASOUND SYSTEM SERIAL #0489641954, BATTERY FOR SONOSCAPE X5 SERIAL #C90990, SONOSCAPE EXTERNAL POWER SUPPLY SERIAL #884W895001U, C613 4-13 MHZ MICRO-CONVEX PROBE (X5) SERIAL #D190805457, L741 4-16 MHZ LINEAR "T" PROBE (X5), TRAVEL CASE FOR SONOCAPE X5 SERIAL #05867, CART (ST-190) FOR X5 SERIAL #0803873367, LMT 40 STANDOFF, CASE, CART, MANUAL, CABLES, ACCESSORIES AND QUICK SHEETS X5 ULTRASOUND FROM UNIVERSAL IMAGING AND A ANESTHESIA MACHINE, TABLE AND HEATER BED FROM MIDWEST VETERINARY SUPPLY.