

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: **COASTAL ELECTRONICS, LLC**

Mailing Address: **101 AIRPORT RD STE. E**

City, State Zip Country: **WESTERLY, RI 02891 USA**

SECURED PARTY INFORMATION

Org. Name: **HITACHI CAPITAL AMERICA CORP.**

Mailing Address: **7808 CREEKRIDGE CIRCLE STE 250**

City, State Zip Country: **EDINA, MN 55439 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-74477140-58834564

COLLATERAL

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