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: **ADRIAN SNACKS LLC**

Mailing Address: **243 WEST SHORE ROAD**

City, State Zip Country: **WARWICK, RI 02889 USA**

SECURED PARTY INFORMATION

Org. Name: **BANC OF AMERICA LEASING & CAPITAL, LLC**

Mailing Address: **135 S. LASALLE STREET IL4-135-10-61**

City, State Zip Country: **CHICAGO, IL 60603 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-74503338-58846112

COLLATERAL

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