

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: **WILTEL COMMUNICATIONS, LLC**

Mailing Address: **1025 ELDORADO BOULEVARD**

City, State Zip Country: **BROOMFIELD, CO 80021 USA**

SECURED PARTY INFORMATION

Org. Name: **THE BANK OF NEW YORK MELLON TRUST COMPANY, N.A., AS COLLATERAL AGENT**

Mailing Address: **400 SOUTH HOPE STREET, SUITE 500, ATTN: CORP UNIT**

City, State Zip Country: **LOS ANGELES, CA 90071 USA**

TRANSACTION TYPE: TRANSMITTING UTILITY

CUSTOMER REFERENCE: RI-0-74678839-58915277

COLLATERAL

ALL ASSETS NOW OWNED AND HEREAFTER ACQUIRED AND ALL PROCEEDS THEREOF.