

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: **L & J BRAYTON INCORPORATED**

Mailing Address: **100 FOLLY LANDING ROAD**

City, State Zip Country: **WARWICK, RI 02886 USA**

SECURED PARTY INFORMATION

Org. Name: **LEAF CAPITAL FUNDING, LLC**

Mailing Address: **2005 MARKET STREET 14TH FLOOR**

City, State Zip Country: **PHILADELPHIA, PA 19103 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-74694850-58922498

COLLATERAL

THE FOLLOWING ITEMS OF EQUIPMENT: (1) PTI PLOTTER/CUTTER AT 72" WIDE; (2) 2 FLANGES 1.5HP RADIAL BLOWER; (1) COMPUTER, WINDOWS 10; (1) T-BAR DIGITIZER 72; (1) CARBIDE BLADE HOLDER WITH 10 BLADES; (1) HOT KNIFE IN ADDITION, THE COLLATERAL ALSO SHALL INCLUDE ALL PARTS, ACCESSORIES, ACCESSIONS AND ATTACHMENTS THERETO, AND ALL REPLACEMENTS, SUBSTITUTIONS AND EXCHANGES (INCLUDING TRADE-INS).