

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: **BOSNA EXPRESS LLC**

Mailing Address: **176 EDDIE DOWLING HWY STE 102**

City, State Zip Country: **NORTH SMITHFIELD, RI 02896 USA**

Last Name (i.e. Family Name or Surname): **SISIC** *First Name:* **DAMIR**

Mailing Address: **176 EDDIE DOWLING HWY STE 102**

City, State Zip Country: **NORTH SMITHFIELD, RI 02896 USA**

Last Name (i.e. Family Name or Surname): **SISIC** *First Name:* **OMER**

Mailing Address: **100 CAREY CT**

City, State Zip Country: **WOONSOCKET, RI 02895 USA**

SECURED PARTY INFORMATION

Org. Name: **MOTION 120 TRUST**

Mailing Address: **9300 METCALF AVENUE**

City, State Zip Country: **OVERLAND PARK, KS 66212 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-74830775-58979706

COLLATERAL

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