

# 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:* **JD DISTRIBUTION LLC**

*Mailing Address:* **5 MONMOUTH DRIVE**

*City, State Zip Country:* **RIVERSIDE, RI 02915 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-0-75501280-59279993**

---

## COLLATERAL

ANY AND ALL RIGHTS THAT THE DEBTOR MAY HAVE OR ACQUIRE UNDER OR PURSUANT TO THAT CERTAIN DISTRIBUTOR AGREEMENT BETWEEN S-L DISTRIBUTION COMPANY, INC. OR S-L ROUTES, LLC AND DEBTOR, DATED ON OR ABOUT JUNE 8, 2020, AND ANY RESTATEMENT, AMENDMENT, MODIFICATION OF SAME, AND ANY AND ALL ACCESSIONS, REPLACEMENTS, ADDITIONS, AND ALL CASH OR NON-CASH PROCEEDS (INCLUDING INSURANCE PROCEEDS), TO OR OF THE FOREGOING.