

# UCC-1 Form

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## 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**

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## DEBTOR INFORMATION

*Org. Name:* **D.R. JOHNSON SERVICES LLC**

*Mailing Address:* **45 UXBRIDGE ROAD**

*City, State Zip Country:* **MENDON, RI 01756 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **PNC EQUIPMENT FINANCE, LLC**

*Mailing Address:* **655 BUSINESS CENTER DRIVE**

*City, State Zip Country:* **HORSHAM, PA 19044 USA**

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## TRANSACTION TYPE: STANDARD

**ALTERNATIVE DESIGNATION: LESSEE-LESSOR**

**CUSTOMER REFERENCE: RI-0-76211066-59585903**

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## COLLATERAL

ALL EQUIPMENT AND INVENTORY FINANCED OR LEASED BY SECURED PARTY TO OR FOR DEBTOR PURSUANT TO SECURED PARTY'S CONTRACT NUMBER \_\_\_174565\_\_\_\_\_ TOGETHER WITH ALL ADDITIONS, ATTACHMENTS, ACCESSORIES AND SUBSTITUTIONS TO OR FOR THE SAME, AND ALL PROCEEDS OF THE FOREGOING.