

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

Mailing Address: **45 UXBRIDGE ROAD**

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

SECURED PARTY INFORMATION

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

Mailing Address: **655 BUSINESS CENTER DRIVE**

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

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: LESSEE-LESSOR

CUSTOMER REFERENCE: RI-0-76217146-59588225

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.