

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: **CVS PHARMACY, INC**

Mailing Address: **1 CVS DRIVE**

City, State Zip Country: **WOONSOCKET, RI 02985-6195 USA**

SECURED PARTY INFORMATION

Org. Name: **PITNEY BOWES GLOBAL FINANCIAL SERVICES LLC**

Mailing Address: **27 WATERVIEW DRIVE**

City, State Zip Country: **SHELTON, CT 06484 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-76468069-59691429

COLLATERAL

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