

# 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:* **GLENDAL, CA 91209-9071 USA**

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## DEBTOR INFORMATION

*Org. Name:* **COMPREHENSIVE COMMUNITY ACTION, INC.**

*Mailing Address:* **311 DORIC AVE**

*City, State Zip Country:* **CRANSTON, RI 02910 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **WEBBANK**

*Mailing Address:* **215 SOUTH STATE STREET SUITE 1000**

*City, State Zip Country:* **SALT LAKE CITY, UT 84111 USA**

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## TRANSACTION TYPE: STANDARD

**ALTERNATIVE DESIGNATION:** LESSEE-LESSOR

**CUSTOMER REFERENCE:** RI-0-76515931-59712505

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## COLLATERAL

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