

# 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:* **RENECON, INC.**

*Mailing Address:* **50 CEDAR SWAMP RD**

*City, State Zip Country:* **SMITHFIELD, RI 029172453 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **U.S. BANK EQUIPMENT FINANCE**

*Mailing Address:* **1310 MADRID STREET**

*City, State Zip Country:* **MARSHALL, MN 56258 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-76998272-59908414**

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## COLLATERAL

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