

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: **CALADO DELIVERY SERVICES, INC.**

Mailing Address: **16 KOSSUTH STREET**

City, State Zip Country: **PAWTUCKET, RI 02860 USA**

SECURED PARTY INFORMATION

Org. Name: **FINANCIAL PACIFIC LEASING, INC.**

Mailing Address: **PO BOX 4568**

City, State Zip Country: **FEDERAL WAY, WA 98063 USA**

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: LESSEE-LESSOR

CUSTOMER REFERENCE: RI-0-77133191-59962302

COLLATERAL

ALL EQUIPMENT AND OTHER PERSONAL PROPERTY, NOW OR HEREAFTER THE SUBJECT OF THAT CERTAIN AGREEMENT, RELATING TO FINANCIAL PACIFIC LEASING, INC. CONTRACT #001-1640799-301, DATED 06/11/2020 , BETWEEN THE SECURED PARTY AND DEBTOR, TOGETHER WITH ALL ATTACHMENTS, ADDITIONS, ACCESSORIES, SUBSTITUTIONS AND REPLACEMENTS THERETO, ANY AND ALL INSURANCE AND OTHER PROCEEDS OF THE FOREGOING.