

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: **BRIARWOOD MEADOWS LIMITED PARTNERSHIP**

Mailing Address: **940 QUAKER LANE**

City, State Zip Country: **WARWICK, RI 02818 USA**

SECURED PARTY INFORMATION

Org. Name: **JCB FINANCE**

Mailing Address: **655 BUSINESS CENTER DRIVE**

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

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-78307284-60423275

COLLATERAL

ALL EQUIPMENT AND INVENTORY FINANCED OR LEASED BY SECURED PARTY TO OR FOR DEBTOR PURSUANT TO SECURED PARTY'S CONTRACT NUMBER 179716 TOGETHER WITH ALL ADDITIONS, ATTACHMENTS, ACCESSORIES AND SUBSTITUTIONS TO OR FOR THE SAME, AND ALL PROCEEDS OF THE FOREGOING.