

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: **PHANTOM PROPERTIES, LLC**

Mailing Address: **2920 DIAMOND HILL RD**

City, State Zip Country: **CUMBERLAND, RI 02864-2936 USA**

SECURED PARTY INFORMATION

Org. Name: **VEND LEASE, A DIVISION OF LEAF CAPITAL FUNDING, LLC**

Mailing Address: **8100 SANDPIPER CIR SUITE 300**

City, State Zip Country: **BALTIMORE, MD 21236 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-78446581-60487822

COLLATERAL

THE FOLLOWING ITEMS OF EQUIPMENT: POINT OF SALE / COMPUTER EQUIPMENT AND ACCESSORIES. IN ADDITION, THE COLLATERAL ALSO SHALL INCLUDE ALL PARTS, ACCESSORIES, ACCESSIONS AND ATTACHMENTS THERETO, AND ALL REPLACEMENTS, SUBSTITUTIONS AND EXCHANGES (INCLUDING TRADE-INS).