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: **CLASSSICK CUSTOM, LLC**

Mailing Address: **5 CARPENTER STREET, #101**

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

SECURED PARTY INFORMATION

Org. Name: **TIMEPAYMENT CORP**

Mailing Address: **1600 DISTRICT AVE STE 200**

City, State Zip Country: **BURLINGTON, MA 01803 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-78511587-60513865

COLLATERAL

(1) BARUDAN BEKY-S1506CII - 6-HEAD 15 NEEDLE EMBROIDERY MACHINE PACKAGE (6) ADVANTAGE EX CAP SYSTEMS, WITH (1) DRIVER AND (2) FRAMES (1) CAP FRAMING DEVICE