

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: **JAY PACKAGING GROUP, INC.**

Mailing Address: **100 WARWICK INDUSTRIAL DR**

City, State Zip Country: **WARWICK, RI 02886-2417 USA**

SECURED PARTY INFORMATION

Org. Name: **GREATAMERICA FINANCIAL SERVICES CORPORATION**

Mailing Address: **625 FIRST STREET**

City, State Zip Country: **CEDAR RAPIDS, IA 52401-2030 USA**

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: LESSEE-LESSOR

CUSTOMER REFERENCE: RI-0-79594706-60944615

COLLATERAL

2 SAVIN IM C4500 COPIERS 3 SAVIN IM 350F COPIERS AND ALL PRODUCTS, PROCEEDS AND ATTACHMENTS.