

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: **DIVING SERVICES INC.**

Mailing Address: **12 SPUR ROAD**

City, State Zip Country: **FOSTER, RI 02825 USA**

SECURED PARTY INFORMATION

Org. Name: **BRYN MAWR EQUIPMENT FINANCE, INC.**

Mailing Address: **801 LANCASTER AVENUE**

City, State Zip Country: **BRYN MAWR, PA 19010 USA**

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: LESSEE-LESSOR

CUSTOMER REFERENCE: RI-0-81120367-61611715

COLLATERAL

(1) 10000X DT340 X- PIPE CRAWLER PACKAAGE CONROLLER AND CASE, LIFTING KITS, DVR, PTZ CAMERA, 12' PIPE WHEELS ELEVATING ARM, AUX LIGHTS, GIS INTEGRATION, 400M TETHER, POWERED COUNTER REEL AND CASE, REAR CAM10" RUBBER WHEELS, WHEEL SPACER KIT TRACKS, SONDE SERVICE KIT AND; "INCLUDING ALL REPLACEMENTS, PARTS, SUBSTITUTIONS, MODIFICATIONS, ACCESSORIES, ADDITIONS, ATTACHMENTS, ACCESSIONS AND TOOLS OF THE DEBTOR NOW OR HEREAFTER INSTALLED THEREIN, AFIXED THERETO OR USED OR INTENDED TO BE USED IN CONNECTION THEREWITH."