

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: **GLENDAL, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **OSHEAN, INC.**

Mailing Address: **6946 POST ROAD**

City, State Zip Country: **NORTH KINGSTOWN, RI 02852 USA**

SECURED PARTY INFORMATION

Org. Name: **CISCO SYSTEMS CAPITAL CORPORATION**

Mailing Address: **170 W. TASMAN DRIVE MS SJ13-3**

City, State Zip Country: **SAN JOSE, CA 95134 USA**

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: LESSEE-LESSOR

CUSTOMER REFERENCE: RI-0-82901188-62353054

COLLATERAL

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