

UCC-1 Form

FILER INFORMATION

Full name: **WOLTERS KLUWER LIEN SOLUTIONS**

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DEBTOR INFORMATION

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Mailing Address: **100 AMICA WAY**

City, State Zip Country: **LINCOLN, RI 02865 USA**

SECURED PARTY INFORMATION

Org. Name: **IBM CREDIT LLC**

Mailing Address: **ONE NORTH CASTLE DRIVE**

City, State Zip Country: **ARMONK, NY 10504 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-83227344-62489652

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