

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: **MUSIC MARKET GROUP, INC.**

Mailing Address: **1425 KINGSTOWN ROAD UNIT 20**

City, State Zip Country: **WAKEFIELD, RI 02879 USA**

SECURED PARTY INFORMATION

Org. Name: **CADENCE BANK**

Mailing Address: **DULUTH BRANCH**

City, State Zip Country: **DULUTH, GA 30097 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-84023972-62811628

COLLATERAL

ALL BUSINESS ASSETS INCLUDING BUT NOT LIMITED TO ALL INVENTORY, CHATTEL PAPER, ACCOUNTS, EQUIPMENT, FURNITURE AND GENERAL INTANGIBLES OF THE BUSINESS KNOWN AS MUSIC MARKET GROUP, INC. LOCATED AT 1425 KINGTOWN ROAD UNIT 20 WAKEFIELD, RI 02879 OR LOCATED ELSEWHERE