

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: **CONTECH MEDICAL, INC.**

Mailing Address: **100 HALE STREET**

City, State Zip Country: **NEWBURYPORT, MA 01950 USA**

SECURED PARTY INFORMATION

Org. Name: **BANK OF AMERICA, N.A., AS ADMINISTRATIVE AGENT**

Mailing Address: **MAIL CODE: MA5-100-08-13, 100 FEDERAL STREET**

City, State Zip Country: **BOSTON, MA 02110 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-84060479-62827304

COLLATERAL

ALL PERSONAL PROPERTY AND ASSETS OF THE DEBTOR, WHETHER NOW OWNED OR EXISTING OR HEREAFTER ACQUIRED OR ARISING, AND ALL PRODUCTS AND PROCEEDS THEREOF.