

# UCC-1 Form

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## 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**

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## DEBTOR INFORMATION

*Org. Name:* **MARINOSCI LAW GROUP, P.C.**

*Mailing Address:* **275 W NATICK RD**

*City, State Zip Country:* **WARWICK, RI 02886 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **WEBBANK**

*Mailing Address:* **215 SOUTH STATE STREET SUITE 1000**

*City, State Zip Country:* **SALT LAKE CITY, UT 84111 USA**

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## TRANSACTION TYPE: STANDARD

**ALTERNATIVE DESIGNATION: LESSEE-LESSOR**

**CUSTOMER REFERENCE: RI-0-84295117-62926784**

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## COLLATERAL

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