

UCC-1 Form

FILER INFORMATION

Full name: **WOLTERS KLUWER LIEN SOLUTIONS**

Email Contact at Filer: **CTLSWEBACK@WOLTERSKLUWER.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **JOHN JAMES**

Mailing Address: **2929 ALLEN PKWY STE 3300**

City, State Zip Country: **HOUSTON, TX 77019 USA**

DEBTOR INFORMATION

Org. Name: **DIENE GROUP, LLC**

Mailing Address: **900 VICTORY HWY**

City, State Zip Country: **NORTH SMITHFIELD, RI 028967609 USA**

SECURED PARTY INFORMATION

Org. Name: **C T CORPORATION SYSTEM, AS REPRESENTATIVE**

Mailing Address: **330 N BRAND BLVD, SUITE 700 ATTN: SPRS**

City, State Zip Country: **GLENDALE, CA 91203 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-85203450-63287632

COLLATERAL

THE EQUIPMENT, INVENTORY, AND PERSONAL PROPERTY RELATED THERETO FINANCED UNDER, COVERED BY OR DESCRIBED IN THE LEASE, RENTAL, EQUIPMENT FINANCE AGREEMENT OR INSTALLMENT PAYMENT AGREEMENT DESIGNATED AS AGREEMENT No. 2653741 (COLLECTIVELY, "COLLATERAL"), TOGETHER WITH ALL REPLACEMENTS FOR, ADDITIONS TO, SUBSTITUTIONS FOR AND ACCESSIONS TO THE COLLATERAL AND ALL PROCEEDS OF ANY OF THE FOREGOING, INCLUDING, WITHOUT LIMITATION, PROCEEDS OF INSURANCE. A MORE DETAILED DESCRIPTION OF THE COLLATERAL IS MAINTAINED BY SECURED PARTY/LESSOR IN ITS BOOKS AND RECORDS AND MAY BE MADE AVAILABLE UPON REQUEST TO THE SECURED PARTY/LESSOR.