

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: **LOCKHEED ARCHITECTURAL SOLUTIONS, INC.**

Mailing Address: **925 S MAIN ST**

City, State Zip Country: **PASCOAG, RI 02859 USA**

SECURED PARTY INFORMATION

Org. Name: **U.S. BANK EQUIPMENT FINANCE, A DIVISION OF U.S. BANK NATIONAL ASSOCIATION**

Mailing Address: **1310 MADRID STREET**

City, State Zip Country: **MARSHALL, MN 56258 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-85541583-63423249

COLLATERAL

2- PRO DES & MFG COLL COMM SNG USR 3YR SUB REN 2- PRO DES & MFG COLL COMM SNG USR 3YR SUB REN 1- REVIT LT COMM SNG USR 3YR SUB REN 4- AUTOCAD LT COMM SNG USR 3YR SUB REN 2- AUTOCAD LT COMM SNG USR 3YR SUB REN 4- AUTOCAD W/SPEC TOOLSETS COMM SNG USR 3YR SUB RE 9- AUTOCAD W/SPEC TOOLSETS COMM SNG USR 3YR SUB RE TOGETHER WITH ALL REPLACEMENTS, PARTS, REPAIRS, ADDITIONS, ACCESSIONS AND ACCESSORIES INCORPORATED THEREIN OR AFFIXED OR ATTACHED THERETO AND ANY AND ALL PROCEEDS OF THE FOREGOING, INCLUDING, WITHOUT LIMITATION, INSURANCE RECOVERIES.