

# 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:* **JOHN JAMES**

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

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

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## DEBTOR INFORMATION

*Org. Name:* **I/O LABS, INC.**

*Mailing Address:* **199 ANTHONY ST**

*City, State Zip Country:* **E PROVIDENCE, RI 02914 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **HANMI BANK**

*Mailing Address:* **3660 WILSHIRE BLVD. PH A**

*City, State Zip Country:* **LOS ANGELES, CA 90010 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-85717313-63492614**

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## COLLATERAL

ALL EQUIPMENT, SUBJECT TO AGREEMENT NUMBER #20499-BRO-50350 AND SUBJECT TO ANY AND ALL EXISTING AND FUTURE SCHEDULES ENTERED INTO PURSUANT TO AND INCORPORATING SAID AGREEMENT, TOGETHER WITH ALL ACCESSORIES, PARTS, ATTACHMENTS AND APPURTENANCES APPEARING OR ATTACHED TO ANY OF THE EQUIPMENT IN SAID AGREEMENT AND ALL SUBSTITUTIONS, TRADE-INS, PROCEEDS, INSURANCE, RENEWALS AND REPLACEMENTS OF, AND IMPROVEMENTS AND ACCESSIONS TO THE EQUIPMENT IN SAID AGREEMENT.