

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: **AUDINO, INC.**

Mailing Address: **126 CORN NECK ROAD**

City, State Zip Country: **NEW SHOREHAM, RI 02807 USA**

SECURED PARTY INFORMATION

Org. Name: **WEBSTER BANK, N.A.**

Mailing Address: **436 SLATER ROAD NB 145**

City, State Zip Country: **NEW BRITAIN, CT 06053 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-85926899-63580411

COLLATERAL

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