

UCC-1 Form

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: **GLENDALE, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **KAYLANNI'S CLEANING LLC**

Mailing Address: **14 CALHOUN AVE**

City, State Zip Country: **PROVIDENCE, RI 02907 USA**

Last Name (i.e. Family Name or Surname): **GARCIA** *First Name:* **CINDY** *Middle Name:* **Y**

Mailing Address: **14 CALHOUN AVE**

City, State Zip Country: **PROVIDENCE, RI 02907 USA**

SECURED PARTY INFORMATION

Org. Name: **ASCENDUS, INC.**

Mailing Address: **80 MAIDEN LANE SUITE 903**

City, State Zip Country: **NY, NY 10038 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-86696071-63929794

COLLATERAL

ALL ASSETS OF DEBTORS WHEREVER LOCATED AND WHETHER NOW OWNED OR IN EXISTENCE OR HEREAFTER ACQUIRED OR CREATED, OF EVERY KIND, AND DESCRIPTION, TANGIBLE OR INTANGIBLE, INCLUDING WITHOUT LIMITATION ALL INVENTORY, GOODS, CHATTEL PAPER, RECEIVABLES, ACCOUNTS, INCLUDING WITHOUT LIMITATION, DEPOSIT ACCOUNTS, EQUIPMENT, FIXTURES, INSTRUMENTS, CONTRACTS, DOCUMENTS AND GENERAL INTANGIBLES, SUCH TERMS HAVING THE MEANING ASCRIBED BY THE UNIFORM COMMERCIAL CODE. ALL PRODUCTS AND PROCEEDS DESCRIBED ABOVE IN ANY FORM, AND, ALL PROCEEDS, INCLUDING, WITHOUT LIMITATION, ALL CASH AND CREDIT BALANCES, ALL PAYMENTS UNDER INDEMNITY, WARRANTY OR GUARANTY WITH RESPECT TO ANY SUCH PROPERTY, ALL AWARDS FOR TAKING BY EMINENT DOMAIN, ALL PROCEEDS OF FIRE OR OTHER INSURANCE, INCLUDING ANY REFUNDS OR UNEARNED PREMIUMS IN CONNECTION WITH ANY CANCELLATION, ADJUSTMENT OF TERMINATION OF ANY INSURANCE POLICY, ALL PROCEEDS OBTAINED AS A RESULT OF ANY LEGAL ACTION OR PROCEEDS WITH RESPECT TO ANY SUCH PROPERTY AND CLAIMS BY DEBTOR AGAINST THIRD PARTIES FOR LOSS OR DAMAGE TO, OR DESTRUCTION OF ANY PROPERTY.