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: **UNCAS INTERNATIONAL, LLC**

Mailing Address: **1600 DIVISION ROAD**

City, State Zip Country: **WEST WARWICK, RI 02893 USA**

SECURED PARTY INFORMATION

Org. Name: **WELLS FARGO BANK, NATIONAL ASSOCIATION**

Mailing Address: **100 PARK AVENUE, 14TH FLOOR**

City, State Zip Country: **NEW YORK, NY 10017 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-87243747-64172650

COLLATERAL

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