

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

DEBTOR INFORMATION

Org. Name: **MONIMEN INC**

Mailing Address: **778 CRANSTON ST**

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

SECURED PARTY INFORMATION

Org. Name: **SIGUE CORPORATION**

Mailing Address: **13190 TELFAIR AVE**

City, State Zip Country: **SYLMAR, CA 91342 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-87796539-64403643

COLLATERAL

DEBTOR'S FURNITURE, FIXTURES, EQUIPMENT, INVENTORY, ACCOUNTS, DEPOSIT ACCOUNTS, ACCOUNTS RECEIVABLE, CASH, INSURANCE, DOCUMENTS, INSTRUMENTS, CONTRACT RIGHTS, RIGHTS TO THE PAYMENT OF MONEY, AND GENERAL INTANGIBLES, WHETHER NOW OWNED OR HEREAFTER ACQUIRED, AND ALL BOOKS AND RECORDS RELATING TO AND ALL PROCEEDS OF ALL OF THE FOREGOING. FURTHERMORE, ANY OF DEBTOR'S CASH AND CASH COLLATERAL THAT SIGUE CORPORATION MAY HOLD AT ANY TIME, AND ALL UNISSUED MONEY ORDERS, ALL RIGHTS TO RECEIVE PAYMENTS FOR AND ALL PROCEEDS OF THE SALES OF MONEY ORDERS, AND DEBTOR'S RIGHTS UNDER THAT CERTAIN TRUST AGREEMENT BY AND BETWEEN SIGUE CORPORATION AND DEBTOR, DATED 7/21/2022.