

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: **DIOCESAN ADMINISTRATION CORPORATION**

Mailing Address: **1 CATHEDRAL SQ**

City, State Zip Country: **PROVIDENCE, RI 02903 USA**

SECURED PARTY INFORMATION

Org. Name: **LEAF CAPITAL FUNDING LLC**

Mailing Address: **2330 I-30**

City, State Zip Country: **MESQUITE, TX 75150 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-88517901-64717938

COLLATERAL

THE FOLLOWING ITEMS OF EQUIPMENT: BARRACUDA LICENSES IN ADDITION, THE COLLATERAL ALSO SHALL INCLUDE ALL PARTS, ACCESSORIES, ACCESSIONS AND ATTACHMENTS THERETO, AND ALL REPLACEMENTS, SUBSTITUTIONS AND EXCHANGES (INCLUDING TRADE-INS).