

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: **AMERICAN MUSCLE CORP LLC**

Mailing Address: **545 PAWTUCKET AVE MAIL STOP 10**

City, State Zip Country: **PAWTUCKET, RI 02860 USA**

Last Name (i.e. Family Name or Surname): **BOLDEN** *First Name:* **GAIL ELENA**

Mailing Address: **303 GREENWICH AVE APT A201**

City, State Zip Country: **WARWICK, RI 02886 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-0-88881671-64875614

COLLATERAL

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