

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: **MLP II, INC.**

Mailing Address: **100 TWIN RIVER ROAD**

City, State Zip Country: **LINCOLN, RI 02865 USA**

Org. Name: **MLP, INC.**

Mailing Address: **1500 ATWOOD AVENUE**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

Org. Name: **MLP III, INC.**

Mailing Address: **345 PROVIDENCE STREET**

City, State Zip Country: **WARWICK, RI 02886 USA**

SECURED PARTY INFORMATION

Org. Name: **NORTH MILL CREDIT TRUST**

Mailing Address: **9 EXECUTIVE CIRCLE SUITE 230**

City, State Zip Country: **IRVINE, CA 92614 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-88895839-64881936

COLLATERAL

ALL ASSETS AND PROPERTIES OF THE DEBTOR, WHETHER TANGIBLE OR INTANGIBLE AND NOW OWNED OR HEREAFTER ACQUIRED, AND ALL PROCEEDS THEREOF, INCLUDING (BUT NOT LIMITED TO) ALL ASSETS OF DEBTOR RELATING TO THE BUSINESS AND OPERATIONS OF DEBTOR LOCATED AT: 100 TWIN RIVER RD, LINCOLN RI 02865 (FRANCHISE STORE #45019) 345 PROVIDENCE ST, WARWICK RI 02893 (FRANCHISE STORE #61812) INCLUDING ALL APPLIANCES, EQUIPMENT AND OTHER PHYSICAL ASSETS LOCATED AT AND/OR UTILIZED IN CONNECTION WITH THESE DEBTOR'S SUBWAY FRANCHISE BUSINESS STORES.