

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: **MAGELLAN METHOD, LLC**

Mailing Address: **2900 AMES CROSSING ROAD**

City, State Zip Country: **EAGAN, MN 55121 USA**

SECURED PARTY INFORMATION

Org. Name: **BMO HARRIS BANK N.A., AS ADMINISTRATIVE AGENT**

Mailing Address: **320 SOUTH CANAL, 15TH FLOOR EAST**

City, State Zip Country: **CHICAGO, IL 60661 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-90183161-65405875

COLLATERAL

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