

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: **MEARTHANE PRODUCTS, LLC**

Mailing Address: **16 WESTERN INDUSTRIAL DRIVE**

City, State Zip Country: **CRANSTON, RI 02921 USA**

SECURED PARTY INFORMATION

Org. Name: **STIFEL BANK & TRUST, AS AGENT**

Mailing Address: **ONE FINANCIAL PLAZA, 501 N. BROADWAY, FL 10**

City, State Zip Country: **ST. LOUIS, MO 63102 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-90637298-65611535

COLLATERAL

ALL ASSETS OF THE DEBTOR, WHEREVER LOCATED, WHETHER NOW OWNED OR EXISTING OR HEREAFTER ACQUIRED OR ARISING, TOGETHER WITH ALL PROCEEDS THEREOF.