

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: **VETERANS ASSEMBLED ELECTRONICS LLC**

Mailing Address: **40 FOUNTAIN ST 8TH FLOOR**

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

Last Name (i.e. Family Name or Surname): **SHEPARD** First Name: **JOHN** Middle Name: **LINDSEY**

Mailing Address: **40 FOUNTAIN ST 8TH FLOOR**

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

SECURED PARTY INFORMATION

Last Name (i.e. Family Name or Surname): **SHEPARD** First Name: **JOHN** Middle Name: **LINDSEY**

Mailing Address: **330 N BRAND BLVD, SUITE 700; ATTN: SPRS**

City, State Zip Country: **GLENDAL, CA 91203 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-91154331-65826922

COLLATERAL

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