

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: **GLENDALE, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **GOLDEN VOICE ANSWERING SERVICE, LLC.**

Mailing Address: **1005 CHARLES ST UNIT 11**

City, State Zip Country: **NORTH PROVIDENCE, RI 02904 USA**

SECURED PARTY INFORMATION

Org. Name: **FUNDING METRICS, LLC**

Mailing Address: **3220 TILLMAN DRIVE SUITE 200**

City, State Zip Country: **BENSALEM, PA 19020 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-91337255-65896658

COLLATERAL

ON OR ABOUT JANUARY 24, 2023, FUNDING METRICS, LLC PURCHASED THE FUTURE RECEIPTS OF THE DEBTOR. FUTURE RECEIPTS INCLUDES ALL PAYMENTS MADE BY CASH, CHECK, ACH, OR OTHER ELECTRONIC TRANSFER, CREDIT CARD, DEBIT CARD, BANK CARD, CHARGE CARD OR OTHER FORM OF MONETARY PAYMENT IN THE ORDINARY COURSE OF DEBTOR'S BUSINESS, ACCOUNTS AND PAYMENT INTANGIBLES, AND ALL PROCEEDS AND PRODUCTS OF THE FOREGOING.