# UCC-3 Form - CONTINUATION

*Original File Number:* **201819412200**

**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**

**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: SUNRISE MEDICAL (US) LLC**

**CUSTOMER REFERENCE: RI-0-91955824-66160039**