

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: **LEPIZZERA AND LAPROCINA, COUNSELLORS AT LAW, LTD**

Mailing Address: **117 METRO CENTER BLVD SUITE 2001**

City, State Zip Country: **WARWICK, RI 02886 USA**

SECURED PARTY INFORMATION

Org. Name: **LEAF CAPITAL FUNDING, LLC AND/OR ITS ASSIGNS**

Mailing Address: **2005 MARKET STREET 14TH FLOOR**

City, State Zip Country: **PHILADELPHIA, PA 19103 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-92281110-66296703

COLLATERAL

THE FOLLOWING ITEMS OF EQUIPMENT: [(2) KYOCERA TA-7004I COPIER SYSTEMS, (1) KYOCERA 5004I COPIER SYSTEM] IN ADDITION, THE COLLATERAL ALSO SHALL INCLUDE ALL PARTS, ACCESSORIES, ACCESSIONS AND ATTACHMENTS THERETO, AND ALL REPLACEMENTS, SUBSTITUTIONS AND EXCHANGES (INCLUDING TRADE-INS).