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: DL CONSULTING, LLC.

Mailing Address: 6 LEE AVE 6B

City, State Zip Country: NEWPORT, RI 02840 USA

SECURED PARTY INFORMATION

Org. Name: PARKVIEW ADVANCE LLC Mailing Address: 400 MAIN ST

City, State Zip Country: STAMFORD, CT 06901 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-92574167-66424594

COLLATERAL

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