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: **MARWELL TRUCKING, INC.**

Mailing Address: **85 EAST AVE**

City, State Zip Country: **NORTH PROVIDENCE, RI 02911 USA**

SECURED PARTY INFORMATION

Org. Name: **C T CORPORATION SYSTEM, AS REPRESENTATIVE**

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

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

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-93409178-66773285

COLLATERAL

ALL ASSETS OF DEBTOR, INCLUDING WITHOUT LIMITATION, ALL OF THE FOLLOWING, WHETHER NOW OWNED OR HEREAFTER ARISING, CREATED OR ACQUIRED AND WHEREVER LOCATED: (A) ALL ACCOUNTS, (B) ALL INVENTORY, (C) ALL EQUIPMENT, (D) ALL GOODS, (E) ALL GENERAL INTANGIBLES, (F) ALL SOFTWARE AND INTELLECTUAL PROPERTY, (G) ALL CHATTEL PAPER, (H) ALL INSTRUMENTS, (I) ALL DOCUMENTS, (J) ALL INVESTMENT PROPERTY AND SECURITIES,(K) ALL COMMERCIAL TORT CLAIMS, (L) ALL LETTER OF CREDIT RIGHTS, (M) ALL REPLACEMENTS FOR, ADDITIONS TO SUBSTITUTIONS FOR AND ACCESSIONS TO ANY OR ALL OF THE FOREGOING, AND (N) ALL PROCEEDS OF ANY OF THE FOREGOING, INCLUDING, WITHOUT LIMITATION, PROCEEDS OF INSURANCE.