

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: **IRA GREEN, INC.**

Mailing Address: **177 GEORGIA AVE.**

City, State Zip Country: **PROVIDENCE, RI 02905 USA**

SECURED PARTY INFORMATION

Org. Name: **MS AGENT SERVICES, LLC**

Mailing Address: **1300 POST OAK BLVD., SUITE 800**

City, State Zip Country: **HOUSTON, TX 77056 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-93625771-66866620

COLLATERAL

ALL OF THE PROPERTY AND ASSETS OF THE DEBTOR, WHETHER NOW OWNED OR HEREAFTER ACQUIRED AND WHEREVER LOCATED, AND ALL PRODUCTS AND PROCEEDS THEREOF.