

# 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:* **EL BEBE DAY-CARE CENTER INC**

*Mailing Address:* **1396 BROAD ST**

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

---

## SECURED PARTY INFORMATION

*Org. Name:* **JPMORGAN CHASE BANK, NA**

*Mailing Address:* **P.O. BOX 6026 IL1-1145**

*City, State Zip Country:* **CHICAGO, IL 60680-6026 USA**

---

## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-94299259-67153860**

---

## COLLATERAL

ALL INVENTORY, CHATTEL PAPER, ACCOUNTS, EQUIPMENT AND GENERAL INTANGIBLES; WHETHER ANY OF THE FOREGOING IS OWNED NOW OR ACQUIRED LATER; ALL ACCESSIONS, ADDITIONS, REPLACEMENTS, AND SUBSTITUTIONS RELATING TO ANY OF THE FOREGOING; ALL RECORDS OF ANY KIND RELATING TO ANY OF THE FOREGOING; ALL PROCEEDS RELATING TO ANY OF THE FOREGOING (INCLUDING INSURANCE, GENERAL INTANGIBLES AND OTHER ACCOUNTS PROCEEDS)