

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: **DELTA-ELECTRO POWER, LLC**

Mailing Address: **215 NANTIC AVENUE**

City, State Zip Country: **CRANSTON, RI 02907 USA**

SECURED PARTY INFORMATION

Org. Name: **LBC CREDIT AGENCY SERVICES, LLC, AS AGENT**

Mailing Address: **555 EAST LANCASTER AVE., SUITE 450**

City, State Zip Country: **RADNOR, PA 19087 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-94725267-67329515

COLLATERAL

ALL ASSETS OF THE DEBTOR, WHEREVER LOCATED, WHETHER NOW OWNED OR EXISTING OR HEREAFTER ACQUIRED OR ARISING, TOGETHER WITH ALL PROCEEDS THEREOF.