

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 TRANSPORTATION LLC**

Mailing Address: **40 RESERVOIR AVE**

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

SECURED PARTY INFORMATION

Org. Name: **LEAF CAPITAL FUNDING, LLC**

Mailing Address: **2005 MARKET STREET 14TH FLOOR**

City, State Zip Country: **PHILADELPHIA, PA 19103 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-94912571-67394773

COLLATERAL

THE FOLLOWING ITEMS OF EQUIPMENT: 2017 4300SB INTL BOX TRUCK; 2015 M2 FREIGHTLINER BOX TRUCK IN ADDITION, THE COLLATERAL ALSO SHALL INCLUDE ALL PARTS, ACCESSORIES, ACCESSIONS AND ATTACHMENTS THERETO, AND ALL REPLACEMENTS, SUBSTITUTIONS AND EXCHANGES (INCLUDING TRADE-INS).