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: **M & D TRANSPORTATION, INC.**

Mailing Address: **46 SHUN PIKE**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

SECURED PARTY INFORMATION

Org. Name: **CHANNEL PARTNERS CAPITAL, LLC**

Mailing Address: **10900 WAYZATA BLVD. STE. 300**

City, State Zip Country: **MINNETONKA, MN 55305 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-95028745-67445049

COLLATERAL

ALL ASSETS OF THE DEBTOR NOW OWNED OR HEREAFTER ACQUIRED