

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: **BETHANY HOME OF RHODE ISLAND**

Mailing Address: **111 S ANGELL ST**

City, State Zip Country: **PROVIDENCE, RI 02906 USA**

SECURED PARTY INFORMATION

Org. Name: **ADVANTAGE LEASING**

Mailing Address: **13400 BISHOP'S LANE SUITE 280**

City, State Zip Country: **BROOKFIELD, WI 53005 USA**

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: LESSEE-LESSOR

CUSTOMER REFERENCE: RI-0-95463004-67644316

COLLATERAL

HEADEND DIGITAL RECEPTION SYSTEM. (1) COMMERCIAL DISH. 48 DIGITAL RECEIVERS, 48 ANALOG MINI MODULATORS, MULTI-SWITCHES, COMBINER, DISTRIBUTION AMPLIFIER, POWER SUPPLY AND RACK. (1) COLOR TELEVISION MONITOR. ALL NECESSARY CABLING FROM THE DISH ANTENNA.