

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: **SERTEX, LLC**

Mailing Address: **22 CENTER PKWY**

City, State Zip Country: **PLAINFIELD, CT 06374 USA**

SECURED PARTY INFORMATION

Org. Name: **SAMSARA CAPITAL FINANCE**

Mailing Address: **2330 I-30**

City, State Zip Country: **MESQUITE, TX 75150 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-95736558-67769006

COLLATERAL

THE FOLLOWING ITEMS OF EQUIPMENT: SAMSARA IT ACCESSORIES, CAMERAS, NETWORKING, CABLES, SOFTWARE IN ADDITION, THE COLLATERAL ALSO SHALL INCLUDE ALL PARTS, ACCESSORIES, ACCESSIONS AND ATTACHMENTS THERETO, AND ALL REPLACEMENTS, SUBSTITUTIONS AND EXCHANGES (INCLUDING TRADE-INS).