

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: **LABRIOLA ANIMAL CARE INC**

Mailing Address: **21 RIP VAN WINKLE CIR**

City, State Zip Country: **WARWICK, RI 02886 USA**

SECURED PARTY INFORMATION

Org. Name: **CREEKRIDGE CAPITAL**

Mailing Address: **7201 METRO BOULEVARD SUITE 800**

City, State Zip Country: **EDINA, MN 55439 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-95818446-67807762

COLLATERAL

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