

UCC-1 Form

FILER INFORMATION

Full name: **WOLTERS KLUWER LIEN SOLUTIONS**

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SEND ACKNOWLEDGEMENT TO

Contact name: **LIEN SOLUTIONS**

Mailing Address: **P.O. Box 29071**

City, State Zip Country: **GLENDAL, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **DORCAS INTERNATIONAL INSTITUTE OF RHODE ISLAND, INC.**

Mailing Address: **645 ELMWOOD AVE**

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

SECURED PARTY INFORMATION

Org. Name: **WEBBANK**

Mailing Address: **215 SOUTH STATE STREET SUITE 1000**

City, State Zip Country: **SALT LAKE CITY, UT 84111 USA**

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: LESSEE-LESSOR

CUSTOMER REFERENCE: RI-0-96014874-67892910

COLLATERAL

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