

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: **IGUS BEARINGS, INC.**

Mailing Address: **257 FERRIS AVE**

City, State Zip Country: **RUMFORD, RI 02916 USA**

SECURED PARTY INFORMATION

Org. Name: **U.S. BANK EQUIPMENT FINANCE**

Mailing Address: **1310 MADRID STREET**

City, State Zip Country: **MARSHALL, MN 56258 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-96887633-68298136

COLLATERAL

1 COPIERS KM PRO PAPER CUT ; 1 COPIERS BIZHUB C300I AA2K013010334; 1 COPIERS BIZHUB C300I AA2K013011515; 1 COPIERS BIZHUB C300I AA2K013011499; 1 COPIERS BIZHUB C300I AA2K013010383; 1 COPIERS BIZHUB C300I AA2K013011979; TOGETHER WITH ALL REPLACEMENTS, PARTS, REPAIRS, ADDITIONS, ACCESSIONS AND ACCESSORIES INCORPORATED THEREIN OR AFFIXED OR ATTACHED THERETO AND ANY AND ALL PROCEEDS OF THE FOREGOING, INCLUDING, WITHOUT LIMITATION, INSURANCE RECOVERIES: