

# 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:* **MEL-CO-ED, INC.**

*Mailing Address:* **381 ROOSEVELT AVE**

*City, State Zip Country:* **PAWTUCKET, RI 02860-2145 USA**

---

## SECURED PARTY INFORMATION

*Org. Name:* **GREATAMERICA FINANCIAL SERVICES CORPORATION**

*Mailing Address:* **625 FIRST STREET**

*City, State Zip Country:* **CEDAR RAPIDS, IA 52401-2030 USA**

---

## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-96958374-68330880**

---

## COLLATERAL

2014 DCS HP450 HYDRAULIC COINING PRESS COINING PRESS AND ALL PRODUCTS, PROCEEDS AND ATTACHMENTS.