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: **BLOWFISH EMBROIDERY, INC.**

Mailing Address: **1151 AQUIDNECK AVE STE 535**

City, State Zip Country: **MIDDLETOWN, RI 02842 USA**

SECURED PARTY INFORMATION

Org. Name: **BARUDA AMERICA, INC.**

Mailing Address: **30901 CARTER ST. STE A**

City, State Zip Country: **SOLON, OH 44139 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-96977596-68339529

COLLATERAL

MACHINE MODEL BEKTS1501CBIII SERIAL NUMBER 3137115K23 AMOUNT DUE $19,854.34