

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: **GLENDAL, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **VISION III ARCHITECTS, INC.**

Mailing Address: **225 CHAPMAN STREET**

City, State Zip Country: **PROVIDENCE, RI 02905 USA**

SECURED PARTY INFORMATION

Org. Name: **U.S. BANK EQUIPMENT FINANCE, A DIVISION OF U.S. BANK NATIONAL ASSOCIATION**

Mailing Address: **1310 MADRID STREET**

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

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: **RI-0-97027629-68361148**

COLLATERAL

14- AUTODESK ARCH ENG & CONST COLL SNG USR 1Y SUB REN 10- AUTODESK ARCH ENG & CONST COLL SNG USR 1Y SUB REN 1- AUTODESK ARCH ENG & CONST COLL SNG USR 1Y SUB REN 1- AUTODESK BIM COLLAB PRO 25 SUB CLOUD NEW 1YR SU INCLUDING WITHOUT LIMITATION, ALL OF DEBTOR'S RIGHTS IN AND TO (I) THE LICENSED SOFTWARE GRANTED THEREUNDER TOGETHER WITH ALL UPGRADES AND UPDATES THERETO, (II) MAINTENANCE, SUPPORT, IMPLEMENTATION, INTEGRATION, TRAINING, TECHNICAL CONSULTING AND/OR PROFESSIONAL SERVICES IN CONNECTION WITH THE LICENSED SOFTWARE, (III) PAYMENT UNDER ANY LICENSE OR PRODUCT AGREEMENT WITH THE SUPPLIER THEREOF, AND ALL PROCEEDS OF THE FOREGOING.