

# UCC-1 Form

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## 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**

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## DEBTOR INFORMATION

Org. Name: **LUCID GLASS STUDIO LLC**

Mailing Address: **75 TRIPPS LN**

City, State Zip Country: **EAST PROVIDENCE, RI 02915 USA**

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## SECURED PARTY INFORMATION

Org. Name: **LEAF CAPITAL FUNDING, LLC**

Mailing Address: **2005 MARKET STREET 14TH FLOOR**

City, State Zip Country: **PHILADELPHIA, PA 19103 USA**

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## TRANSACTION TYPE: STANDARD

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## CUSTOMER REFERENCE: RI-0-97713075-68643073

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## COLLATERAL

THE FOLLOWING ITEMS OF EQUIPMENT: GLASS LAMINATING PRODUCTION MACHINE WITH ALL ACCESSORIES AND ATTACHMENTS IN ADDITION, THE COLLATERAL ALSO SHALL INCLUDE ALL PARTS, ACCESSORIES, ACCESSIONS AND ATTACHMENTS THERETO, AND ALL REPLACEMENTS, SUBSTITUTIONS AND EXCHANGES (INCLUDING TRADE-INS).