

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: **THE WESTERLY AMBULANCE CORPS. INC.**

Mailing Address: **30 CHESTNUT ST**

City, State Zip Country: **WESTERLY, RI 02891 USA**

SECURED PARTY INFORMATION

Org. Name: **STRYKER SALES CORPORATION**

Mailing Address: **1901 ROMENCE ROAD PARKWAY**

City, State Zip Country: **PORTAGE, MI 49002 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-98155295-68855321

COLLATERAL

2- KIT- CARRY BAG, SHOULDER STRAP 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.