

# 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:* **EQUIPEX LLC**

*Mailing Address:* **100 NIANTIC AVENUE**

*City, State Zip Country:* **PROVIDENCE, RI 02907 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **BMO BANK N.A., AS AGENT**

*Mailing Address:* **320 S. CANAL ST., 14TH FLOOR**

*City, State Zip Country:* **CHICAGO, IL 60606 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-98956471-69236829**

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## COLLATERAL

ALL ASSETS OF THE DEBTOR WHETHER NOW EXISTING OR HEREAFTER ARISING OR ACQUIRED, INCLUDING ALL PROCEEDS THEREOF.