

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: **CVS PHARMACY, INC.**

Mailing Address: **2215 SANDERS ROAD SUITE 170**

City, State Zip Country: **NORTHBROOK, IL 60062 USA**

SECURED PARTY INFORMATION

Org. Name: **KONICA MINOLTA PREMIER FINANCE**

Mailing Address: **10201 CENTURION PARKWAY N.**

City, State Zip Country: **JACKSONVILLE, FL 32256 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-99365224-69434732

COLLATERAL

THIS IS A TRUE LEASE. THIS UCC-1 FINANCING STATEMENT IS BEING FILED FOR INFORMATIONAL PURPOSES ONLY. ALL DESCRIBED COLLATERAL HEREIN FALLS WITHIN THE SCOPE OF ARTICLE 9 OF THE UNIFORM COMMERCIAL CODE. THE COLLATERAL ALSO INCLUDES ALL CURRENTLY EXISTING AND FUTURE ATTACHMENTS, PARTS, ACCESSORIES AND ADD-ONS FOR ALL OF THE FOREGOING EQUIPMENT, AND ALL PRODUCTS AND PROCEEDS THEREOF. ACCURIOPRESS C4080 AC57011021060