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: **LEHA ENTERPRISES, LTD.**

Mailing Address: **150 WATERMAN ST STE 1**

City, State Zip Country: **PROVIDENCE, RI 02906 USA**

Org. Name: **COZY CORNER CHILDCARE CENTER AND PRESCHOOL**

Mailing Address: **150 WATERMAN ST STE 1**

City, State Zip Country: **PROVIDENCE, RI 02906 USA**

SECURED PARTY INFORMATION

Org. Name: **C T CORPORATION SYSTEM, AS REPRESENTATIVE**

Mailing Address: **330 N BRAND BLVD, SUITE 700, ATTN SPRS**

City, State Zip Country: **GLENDALE, CA 91203 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-99457377-69479386

COLLATERAL

RECEIVABLES AND PROCEEDS THEREOF.