

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: **MEGABUS SOUTHWEST, LLC**

Mailing Address: **160 STATE ROUTE 17 NORTH**

City, State Zip Country: **PARAMUS, NJ 07652-2902 USA**

SECURED PARTY INFORMATION

Org. Name: **WELLS FARGO BANK, NATIONAL ASSOCIATION, AS AGENT**

Mailing Address: **1800 CENTURY PARK EAST, SUITE 1100**

City, State Zip Country: **LOS ANGELES, CA 90067 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-99573221-69533072

COLLATERAL

ALL ASSETS OF THE DEBTOR, WHEREVER LOCATED, WHETHER NOW OWNED OR EXISTING OR HEREAFTER ACQUIRED OR ARISING, TOGETHER WITH ALL PROCEEDS THEREOF.