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: **KNIGHT OPTICAL (USA), LLC**

Mailing Address: **8060 BRYAN DAIRY ROAD**

City, State Zip Country: **LARGO, FL 33777 USA**

SECURED PARTY INFORMATION

Org. Name: **SOURCE CAPITAL CREDIT OPPORTUNITIES IV, LP, AS AGENT**

Mailing Address: **3060 PEACHTREE ROAD NW, SUITE 1830**

City, State Zip Country: **ATLANTA, GA 30305 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-99774754-69623301

COLLATERAL

ALL ASSETS OF DEBTOR.