

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: **MY SON'S INFLATABLES, LLC**

Mailing Address: **1270 MINERAL SPRING AVE**

City, State Zip Country: **NORTH PROVIDENCE, RI 02904 USA**

SECURED PARTY INFORMATION

Org. Name: **PARAFIN INC.**

Mailing Address: **301 HOWARD STREET SUITE 1500**

City, State Zip Country: **SAN FRANCISCO, CA 94105 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-99992550-69723535

COLLATERAL

ALL ASSETS OF THE DEBTOR WHEREVER LOCATED, WHETHER NOW OWNED OR HEREAFTER ACQUIRED, CREATED OR ARISING, INCLUDING BUT NOT LIMITED TO THE FOLLOWING: ALL GOODS, ACCOUNTS, SALES, RECEIVABLES, FUTURE RECEIVABLES, FUTURE CREDIT CARD RECEIVABLES, CONTRACT RIGHTS OR RIGHTS TO PAYMENT OF MONEY, LEASES, LICENSE AGREEMENTS, FRANCHISE AGREEMENTS, GENERAL INTANGIBLES, CASH, DEPOSIT ACCOUNTS, LETTERS OF CREDIT RIGHT (WHETHER OR NOT EVIDENCED BY WRITING), SECURITIES, AND ANY AND ALL PROCEEDS OF THE FOREGOING.