

# UCC-1 Form

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## 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**

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## DEBTOR INFORMATION

*Org. Name:* **CON-V-CARE, INC.**

*Mailing Address:* **262 POPLAR ST.**

*City, State Zip Country:* **WOONSOCKET, RI 02895 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **MITSUBISHI HC CAPITAL AMERICA, INC.**

*Mailing Address:* **7201 METRO BOULEVARD SUITE 800**

*City, State Zip Country:* **EDINA, MN 55439 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-100408883-69920919**

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## COLLATERAL

AGREEMENT NO. 8550 TOGETHER WITH ALL PROCEEDS, ATTACHMENTS, PARTS, ACCESSIONS, REPLACEMENTS, EQUIPMENT, PRODUCTS, PROCEEDS, RENEWALS AND SUBSTITUTIONS OF, TO OR FOR ANY OF THE FOREGOING. EQUIPMENT DESCRIPTION: COMS 3000 NTSC32 - 32 CHANNEL CENTRALIZED SYSTEM + COMPLETE INSTALLATION