

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: **GLENDAL, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **NAUTILUS DEFENSE LLC**

Mailing Address: **999 MAIN STREET, UNIT 7060**

City, State Zip Country: **PAWTUCKET, RI 02860 USA**

SECURED PARTY INFORMATION

Org. Name: **MIDDLESEX SAVINGS BANK**

Mailing Address: **120 FLANDERS ROAD P.O. Box 5210**

City, State Zip Country: **WESTBORO, MA 01581 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-100437761-69932894

COLLATERAL

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