

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: **DREAMLAND LEARNING CENTER INC.**

Mailing Address: **1588 NEWPORT AVE**

City, State Zip Country: **PAWTUCKET, RI 02861 USA**

SECURED PARTY INFORMATION

Org. Name: **NORTH MILL CREDIT TRUST**

Mailing Address: **9 EXECUTIVE CIRCLE SUITE 230**

City, State Zip Country: **IRVINE, CA 92614 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-100790038-70092793

COLLATERAL

ALL EQUIPMENT LISTED ON CONTRACT AGREEMENT NUMBER C120109-T142610 CONSISTING OF 2024 CIRRUS N/A CIRRUS 4X8FT DOUBLE SIDED 9MM DIGITAL SCREEN; VIN/SERIAL#: 20240821-163257677; TOGETHER WITH ALL ACCESSORIES, ATTACHMENTS, REPLACEMENTS, SUBSTITUTIONS AND ACCESSIONS RELATED THERETO, ALONG WITH ALL CASH AND NON-CASH PROCEEDS (INCLUDING WITHOUT LIMITATION INDEMNITY CLAIMS, CLAIM PAYMENTS AND OTHER PROCEEDS RELATING TO INSURANCE), PRODUCTS AND RENTS THEREFROM.