

# 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: **ALLIE'S TACK SHOP, INC.**

Mailing Address: **3700 QUAKER LN**

City, State Zip Country: **NORTH KINGSTOWN, RI 02852 USA**

## SECURED PARTY INFORMATION

Org. Name: **GENEVA CAPITAL, LLC**

Mailing Address: **1311 BROADWAY ST**

City, State Zip Country: **ALEXANDRIA, MN 56308 USA**

## TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: **RI-0-101493353-70420480**

## COLLATERAL

THIS IS AN EQUIPMENT LEASE OR FINANCE TRANSACTION FOR THE FOLLOWING EQUIPMENT(S), AGREEMENT #  
305865-01 1 - EPILOG FUSION MAKER 12 WITH 30WATT CO2 LASER ENGRAVER: INCLUDING ALL ACCESSORIES AND ATTACHMENTS THERETO