

# 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:* **MEETING STREET**

*Mailing Address:* **1000 EDDY STREET**

*City, State Zip Country:* **PROVIDENCE, RI 02905 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **LEAF CAPITAL FUNDING, LLC AND/OR ITS ASSIGNS**

*Mailing Address:* **2005 MARKET STREET 14TH FLOOR**

*City, State Zip Country:* **PHILADELPHIA, PA 19103 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-101921526-70627456**

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## COLLATERAL

THE FOLLOWING ITEMS OF EQUIPMENT: (4) SHARP BP 70C65 COPIER SYSTEMS; (2) SHARP BP 70C55 COPIER SYSTEMS; (1) SHARP BP 70C31 COPIER SYSTEM; (1) SHARP BP C535WR COPIER SYSTEM IN ADDITION, THE COLLATERAL ALSO SHALL INCLUDE ALL PARTS, ACCESSORIES, ACCESSIONS AND ATTACHMENTS THERETO, AND ALL REPLACEMENTS, SUBSTITUTIONS AND EXCHANGES (INCLUDING TRADE-INS).