

# 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: **ASHAWAY AMBULANCE ASSOCIATION, INC.**

Mailing Address: **72 HIGH ST**

City, State Zip Country: **ASHAWAY, RI 02804 USA**

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## SECURED PARTY INFORMATION

Org. Name: **STRYKER SALES CORPORATION**

Mailing Address: **1901 ROMENCE ROAD PARKWAY**

City, State Zip Country: **PORTAGE, MI 49002 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-102002736-70665423**

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## COLLATERAL

1- MTS PWLD EXCLUDES FLOOR PLATE TOGETHER WITH ALL REPLACEMENTS, PARTS, REPAIRS, ADDITIONS, ACCESSIONS AND ACCESSORIES INCORPORATED THEREIN OR AFFIXED OR ATTACHED THERETO AND ANY AND ALL PROCEEDS OF THE FOREGOING, INCLUDING, WITHOUT LIMITATION, INSURANCE RECOVERIES.