

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: **EYE STOP, INC.**

Mailing Address: **41 SANDERSON RD STE 203**

City, State Zip Country: **SMITHFIELD, RI 02917 USA**

SECURED PARTY INFORMATION

Org. Name: **C T CORPORATION SYSTEM, AS REPRESENTATIVE**

Mailing Address: **330 N BRAND BLVD, SUITE 700 ATTN: SPRS**

City, State Zip Country: **GLENDAL, CA 91203 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-102533627-70921806

COLLATERAL

ALL EQUIPMENT SUBJECT TO THAT CERTAIN AGREEMENT NUMBER LA# 532212-000 DATED 01/17/25, BETWEEN SECURED PARTY AS LESSOR/CREDITOR AND DEBTOR AS LESSEE/DEBTOR, AND SUBJECT TO ANY AND ALL EXISTING AND FUTURE SCHEDULES ENTERED INTO PURSUANT TO AND INCORPORATING SAID AGREEMENT, TOGETHER WITH ALL ACCESSORIES, PARTS, ATTACHMENTS AND APPURTENANCES APPERTAINING OR ATTACHED TO ANY OF THE EQUIPMENT, AND ALL SUBSTITUTIONS, TRADE-INS, PROCEEDS, RENEWALS AND REPLACEMENTS OF, AND IMPROVEMENTS AND ACCESSIONS TO THE EQUIPMENT. LA# 532212-000