

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: **VISUAL CREATIONS, INC.**

Mailing Address: **500 NARRAGANSETT PARK DR**

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

SECURED PARTY INFORMATION

Org. Name: **HORIZON EQUIPMENT FINANCE SOLUTIONS**

Mailing Address: **515 FRANKLIN ST.**

City, State Zip Country: **MICHIGAN CITY, IN 46360 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-102697717-70996949

COLLATERAL

(1) NEW COIMA USA MODEL CFM MPT DUST COLLECTOR (2X50HP FANS) (2) NEW COIMA USA MODEL KIT VF 24" DIAMETER W/NFPA CODE PANEL (1) NEW COIMA USA MODEL FIVE ZONE SPARK DETECTION & EXTINGUISHMENT KIT INCLUDING ALL ATTACHMENTS AND ACCESSORIES