

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: **ZK PAINTING, LLC**

Mailing Address: **5 CENTRAL AVE**

City, State Zip Country: **WALTHAM, MA 02453-4103 USA**

SECURED PARTY INFORMATION

Org. Name: **MIDDLESEX SAVINGS BANK**

Mailing Address: **120 FLANDERS ROAD P.O. BOX 5210**

City, State Zip Country: **WESTBORO, MA 01581 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-102735275-71013810

COLLATERAL

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