

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: **HORSEWARM, LTD.**

Mailing Address: **26 CEDAR SWAMP ROAD**

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

Org. Name: **HORSE WASH HORSE WARM DOGWARM**

Mailing Address: **26 CEDAR SWAMP ROAD**

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

SECURED PARTY INFORMATION

Org. Name: **EASTERN FUNDING LLC**

Mailing Address: **213 WEST 35TH STREET SUITE 2W**

City, State Zip Country: **NEW YORK, NY 10001 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-102848326-71061292

COLLATERAL

A PURCHASE MONEY SECURITY INTEREST IN THE FOLLOWING WHEREVER LOCATED ASSETS: QUANTITY