

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: **RHODE ISLAND COUNTRY CLUB**

Mailing Address: **150 NAYATT RD.**

City, State Zip Country: **BARRINGTON, RI 02806 USA**

SECURED PARTY INFORMATION

Org. Name: **CLUB CAR, LLC**

Mailing Address: **1074 N. ORANGE AVE**

City, State Zip Country: **SARASOTA, FL 34236 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-102874977-71072900

COLLATERAL

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