

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: **CVS PHARMACY, INC.**

Mailing Address: **1 CVS DRIVE**

City, State Zip Country: **WOONSOCKET, RI 02895 USA**

SECURED PARTY INFORMATION

Org. Name: **CANON U.S.A., INC.**

Mailing Address: **ONE CANON PARK**

City, State Zip Country: **MELVILLE, NY 11747 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-103107049-71180209

COLLATERAL

(1) VARIOPRINT IX-3200 SERIES PRINTER INCLUDING ALL ACCESSIONS, ATTACHMENTS, REPLACEMENTS, SUBSTITUTIONS, MODIFICATIONS AND ADDITIONS THERE TO, NOW OR HEREAFTER ACQUIRED AND ALL PROCEEDS THEREOF (INCLUDING INSURANCE PROCEEDS)