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: **PACIFICA VICTORIA L.P.**

Mailing Address: **1775 HANCOCK ST., SUITE 200**

City, State Zip Country: **SAN DIEGO, CA 92110 USA**

SECURED PARTY INFORMATION

Org. Name: **CAPITAL ONE, NATIONAL ASSOCIATION, AS ADMINISTRATIVE AGENT**

Mailing Address: **1680 CAPITAL ONE DRIVE ATTN: CML - COLLATERAL OPS**

City, State Zip Country: **MCLEAN, VA 22102 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-103118428-71185706

COLLATERAL

ALL ASSETS OF THE DEBTOR WHETHER NOW EXISTING OR HEREAFTER ARISING OR ACQUIRED, INCLUDING ALL PRODUCTS AND PROCEEDS THEREOF.