

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: **GLENDAL, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **RENDEZVOUS INC**

Mailing Address: **PO BOX 488**

City, State Zip Country: **NEW SHOREHAM, RI 02807 USA**

Last Name (i.e. Family Name or Surname): **LAW** First Name: **LOUISE** Middle Name: **ANN**

Mailing Address: **2878 VALENCIA WAY**

City, State Zip Country: **FORT MYERS, FL 33901 USA**

SECURED PARTY INFORMATION

Org. Name: **IFUND EXPERTS LLC DBA QUID HOLDINGS**

Mailing Address: **12067 NW 76TH PL**

City, State Zip Country: **PARKLAND, FL 33076 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-103349464-71293157

COLLATERAL

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