

# UCC-1 Form

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## 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**

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## DEBTOR INFORMATION

*Org. Name:* **NEW ENGLAND PEST CONTROL CO.**

*Mailing Address:* **161 O'CONNELL ST**

*City, State Zip Country:* **PROVIDENCE, RI 02905 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **SAMSARA CAPITAL FINANCE**

*Mailing Address:* **2330 I-30**

*City, State Zip Country:* **MESQUITE, TX 75150 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-104000268-71609123**

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## COLLATERAL

THE FOLLOWING ITEMS OF EQUIPMENT: [SAMSARA SOFTWARE SOLUTION] IN ADDITION, THE COLLATERAL ALSO SHALL INCLUDE ALL PARTS, ACCESSORIES, ACCESSIONS AND ATTACHMENTS THERETO, AND ALL REPLACEMENTS, SUBSTITUTIONS AND EXCHANGES (INCLUDING TRADE-INS).