

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: **BABY DELIGHT, INC.**

Mailing Address: **30 MARTIN ST.**

City, State Zip Country: **CUMBERLAND, RI 02864 USA**

SECURED PARTY INFORMATION

Org. Name: **BFG CORPORATION**

Mailing Address: **2801 LAKESIDE DRIVE SUITE 212**

City, State Zip Country: **BANNOCKBURN, IL 60015 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-104024664-71621451

COLLATERAL

1) NEW 2025 NOBLELIFT FE3R15N FORKLIFT S/N 40134136