

# 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

*Last Name (i.e. Family Name or Surname):* **CHRISTY** *First Name:* **WILLIAM** *Middle Name:* **S**

*Mailing Address:* **210 CODDINGTON HWY**

*City, State Zip Country:* **MIDDLETOWN, RI 02842 USA**

*Org. Name:* **D & H INC**

*Mailing Address:* **210 CODDINGTON HWY**

*City, State Zip Country:* **MIDDLETOWN, RI 02842 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **SHEFFIELD FINANCIAL, A DIVISION OF BRANCH BANKING AND TRUST COMPANY**

*Mailing Address:* **PO BOX 1704**

*City, State Zip Country:* **CLEMMONS, NC 27012 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-70062208-57125281**

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## COLLATERAL

THE FOLLOWING LISTED EQUIPMENT: MAKE:ALTOZ; MODEL:XR540SSK23; VIN/SN:XR121729 ; MAKE:ALTOZ; MODEL:2500151; VIN/SN:XAB10196 ALONG WITH ALL ADDITIONS, MODIFICATIONS, AND EXCHANGES TO THE SUBJECT EQUIPMENT TO INCLUDE SPECIAL TOOLS AND EQUIPMENT NEEDED FOR ITS SERVICE AND REPAIR. AND ALL OTHER EQUIPMENT NOW OWNED AND HEREAFTER ACQUIRED THAT IS FINANCED BY SHEFFIELD FINANCIAL.