

# 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:* **NATALE CONSTRUCTION CORPORATION**

*Mailing Address:* **4649B OLD POST ROAD**

*City, State Zip Country:* **CHARLESTOWN, RI 02813 USA**

*Last Name (i.e. Family Name or Surname):* **NATALE** *First Name:* **PAUL** *Middle Name:* **S**

*Mailing Address:* **191 BLUEBERRY LANE**

*City, State Zip Country:* **CHARLESTOWN, RI 02813 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **KUBOTA CREDIT CORPORATION, U.S.A.**

*Mailing Address:* **PO BOX 2046**

*City, State Zip Country:* **GRAPEVINE, TX 76099 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-70075490-57130456**

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## COLLATERAL

KUBOTA BX23SLSB-R 27111 4WD TRA W/R4 TIRES/2 LVR CPLR;KUBOTA BX6316 \*MECHANICAL THUMB;KUBOTA BX2506 \*3PT HITCH KIT;