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: **B.M. LANDSCAPING CO. INC.**

Mailing Address: **17 ANTHONY ROAD**

City, State Zip Country: **FOSTER, RI 02825 USA**

Last Name (i.e. Family Name or Surname): **MULDOWNEY** *First Name:* **BRIAN** *Middle Name:* **D**

Mailing Address: **17 ANTHONY ROAD**

City, State Zip Country: **FOSTER, RI 02825 USA**

SECURED PARTY INFORMATION

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

Mailing Address: **PO BOX 2046**

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

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-70114638-57146530

COLLATERAL

KUBOTA B2301HSD 57059 4WD TRA W/FOLDABLE ROPS;KUBOTA LA434 B7677 LDR F/B2301HSD/B2601HSD W/GRIL;LAND PRIDE SGC0554 1355873 *CLAW GRAPPLE, 54;KUBOTA B1653 *3RD FUNCTION VALVE;LAND PRIDE LR1660 838739 *RAKE, 16 SERIES 60" LANDSCAPE;LP 302-174A *GUAGE WHEEL SET;