

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: **LEEWAY, INC.**

Mailing Address: **790 GREAT RD**

City, State Zip Country: **NORTH SMITHFIELD, RI 02896 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-0-71364664-57640437

COLLATERAL

KUBOTA M6060HD 64158 *4WD TRA W/HYD SHUTTLE 8X8/FLD;KUBOTA LA1154A A2194 LDR W QC & FRT GRD M6060/7060;