

# 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:* **LRV PROPERTIES LLC**

*Mailing Address:* **136 WINDMILL STREET**

*City, State Zip Country:* **PROVIDENCE, RI 02904 USA**

*Last Name (i.e. Family Name or Surname):* **VICIOSO** *First Name:* **LUIS** *Middle Name:* **R**

*Mailing Address:* **136 WINDMILL STREET**

*City, State Zip Country:* **PROVIDENCE, RI 02904-1426 USA**

*Last Name (i.e. Family Name or Surname):* **QUILES** *First Name:* **GERTRUDIS** *Middle Name:* **M**

*Mailing Address:* **136 WINDMILL STREET**

*City, State Zip Country:* **PROVIDENCE, RI 02904-1426 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **NORTH MILL CREDIT TRUST**

*Mailing Address:* **50 WASHINGTON STREET 10TH FLOOR**

*City, State Zip Country:* **SOUTH NORWALK, CT 06854 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-71431559-57663923**

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## COLLATERAL

ALL EQUIPMENT LISTED ON CONTRACT AGREEMENT NUMBER C027898-A042381 CONSISTING OF 2014 JLG G9-43A ROUGH TERRAIN LIFT TRUCKS - TELESCOPING BOOM ROUGH TERRAIN LIFT TRUCKS; SERIAL #: 0160055909; TOGETHER WITH ALL ACCESSORIES, ATTACHMENTS, REPLACEMENTS, SUBSTITUTIONS AND ACCESSIONS RELATED THERETO, ALONG WITH ALL CASH AND NON-CASH PROCEEDS (INCLUDING WITHOUT LIMITATION INDEMNITY CLAIMS, CLAIM PAYMENTS AND OTHER PROCEEDS RELATING TO INSURANCE), PRODUCTS AND RENTS THEREFROM.