

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: **D. WILSON TRUCKING CO.**

Mailing Address: **5 JENNY LANE**

City, State Zip Country: **BRISTOL, RI 02809 USA**

SECURED PARTY INFORMATION

Org. Name: **FINANCIAL PACIFIC LEASING, INC.**

Mailing Address: **P.O. Box 4568**

City, State Zip Country: **FEDERAL WAY, WA 98001 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-71873123-57832403

COLLATERAL

ALL EQUIPMENT AND OTHER PERSONAL PROPERTY, NOW OR HEREAFTER THE SUBJECT OF THAT CERTAIN AGREEMENT, RELATING TO FINANCIAL PACIFIC LEASING, INC., CONTRACT # 001-0944663-302, DATED 09/25/2019, BETWEEN THE SECURED PARTY AND DEBTOR, TOGETHER WITH ALL ATTACHMENTS, ADDITIONS, ACCESSORIES, SUBSTITUTIONS AND REPLACEMENTS THERETO, ANY AND ALL INSURANCE AND OTHER PROCEEDS OF THE FOREGOING.