

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: **RHODE ISLAND TURF MANAGEMENT LLC**

Mailing Address: **509 ROUND TOP RD**

City, State Zip Country: **BURRILLVILLE, RI 02830 USA**

Last Name (i.e. Family Name or Surname): **RUDIS** *First Name:* **STEVEN** *Middle Name:* **JAMES**

Mailing Address: **509 ROUND TOP RD**

City, State Zip Country: **BURRILLVILLE, RI 02830 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-0-72234978-57969694

COLLATERAL

KUBOTAL3901HST4WD TRA W/HYD TRANS/FOLD ROPSKBUL4BHRPKJJ864314WD TRA W/HYD TRANS/FOLD ROPS;KUBOTABH77*7.7 FT BACKHOEC3598*7.7 FT BACKHOE;KUBOTABT1952A*16 BUCKETD1072*16 BUCKET;KUBOTAL2256*BUCKETJ4331*BUCKET;KUBOTALA525*FRONT LOADER W/GRILL GUARD/Q.C.X6173*FRONT LOADER W/GRILL GUARD/Q.C.;