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: **SHEARMAN OIL, INC.**

Mailing Address: **1074 FISH RD**

City, State Zip Country: **TIVERTON, RI 02878 USA**

SECURED PARTY INFORMATION

Org. Name: **TOYOTA INDUSTRIES COMMERCIAL FINANCE, INC.**

Mailing Address: **P.O. BOX 9050**

City, State Zip Country: **DALLAS, TX 75019-9050 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-73836958-58590090

COLLATERAL

ONE (1) 2020 HINO MODEL # 338 SERIAL-VIN # 5PVNV8JV9L4S59516