

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: **GLENDAL, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **ISLAND MOVING COMPANY**

Mailing Address: **3 CHARLES STREET SUITE 3**

City, State Zip Country: **NEWPORT, RI 02840 USA**

SECURED PARTY INFORMATION

Org. Name: **BERKSHIRE BANK**

Mailing Address: **24 NORTH STREET**

City, State Zip Country: **PITTSFIELD, MA 01202-1308 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-74064277-58672781

COLLATERAL

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