

UCC-1 Form

FILER INFORMATION

Full name: **SCHMIDT EQUIPMENT INC**

Email Contact at Filer: **BETHSIMMONS@SCHMIDTEQUIPMENT.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **SCHMIDT EQUIPMENT INC**

Mailing Address: **ROUTE 20 PO Box 578**

City, State Zip Country: **NORTH OXFORD, MA 01537 USA**

DEBTOR INFORMATION

Org. Name: **FIELDS OF DREAMS TREE FARM & LANDSCAPING INC**

Mailing Address: **PO Box 310**

City, State Zip Country: **HOPKINTON, RI 02833 USA**

SECURED PARTY INFORMATION

Org. Name: **SCHMDIT EQUIPMENT INC**

Mailing Address: **ROUTE 20 PO Box 578**

City, State Zip Country: **NORTH OXFORD, MA 01537 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

RENTAL OF ONE (1) JOHN DEERE 724K LOADER SERIAL #1DW724KZAJF692882