

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: **ROME POINT WOODWORKING, INC.**

Mailing Address: **32 FRANK AVE**

City, State Zip Country: **WEST KINGSTON, RI 02892 USA**

SECURED PARTY INFORMATION

Org. Name: **FALCON LEASING A DIVISION OF FALCON NATIONAL BANK**

Mailing Address: **28-11TH AVE, STE 103**

City, State Zip Country: **ST. CLOUD, MN 56301 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-74883465-59003628

COLLATERAL

2008 SCMI OLIMPIC K500 AUTOMATIC EDGE BANDER W/ ANY AND ALL ATTACHMENTS THERETO SN: AH 113263 AND ALL PRODUCTS, PROCEEDS AND ATTACHMENTS.