

# UCC-1 Form

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## 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**

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## DEBTOR INFORMATION

*Last Name (i.e. Family Name or Surname):* **LOWELL** *First Name:* **CHRISTOPHER** *Middle Name:* **LEE**

*Mailing Address:* **205 OLD SNAKE HILL RD**

*City, State Zip Country:* **CHEPACHET, RI 02814 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **FARM CREDIT SERVICES OF AMERICA, PCA**

*Mailing Address:* **PO BOX 2409**

*City, State Zip Country:* **OMAHA, NE 68103 USA**

*Org. Name:* **BIG BOYS TOYS LLC**

*Mailing Address:* **341 ORCHARD HILL RD**

*City, State Zip Country:* **POMFRET CENTER, CT 06259 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-74970433-59039332**

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## COLLATERAL

**MASSEY FERGUSON 1739EHL TRACTOR M17390GKK84613**