

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

Last Name (i.e. Family Name or Surname): **SILVA** *First Name:* **MANUEL** *Middle Name:* **O**

Mailing Address: **385 SCOTT RD**

City, State Zip Country: **CUMBERLAND, RI 02864 USA**

Org. Name: **POLISILVA INC**

Mailing Address: **385 SCOTT RD**

City, State Zip Country: **CUMBERLAND, RI 02864 USA**

SECURED PARTY INFORMATION

Org. Name: **SHEFFIELD FINANCIAL, A DIVISION OF TRUIST BANK**

Mailing Address: **P O BOX 25127**

City, State Zip Country: **WINSTON-SALEM, NC 27114 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-75647335-59342690

COLLATERAL

THE FOLLOWING LISTED EQUIPMENT: MAKE:SCAG; MODEL:STCII52V26FTEFI; VIN/SN:R2201122 ; MAKE:SCAG; MODEL:900S; VIN/SN:P3501217 ; MAKE:SCAG; MODEL:901E; VIN/SN:P3800495 ALONG WITH ALL ADDITIONS, MODIFICATIONS, AND EXCHANGES TO THE SUBJECT EQUIPMENT TO INCLUDE SPECIAL TOOLS AND EQUIPMENT NEEDED FOR ITS SERVICE AND REPAIR. AND ALL OTHER EQUIPMENT NOW OWNED AND HEREAFTER ACQUIRED THAT IS FINANCED BY SHEFFIELD FINANCIAL.