

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: **AMERICAN ENGINEERING INC**

Mailing Address: **400 S COUNTY TRAIL STE A210**

City, State Zip Country: **EXETER, RI 02822 USA**

SECURED PARTY INFORMATION

Org. Name: **BANK OF THE WEST**

Mailing Address: **1625 W. FOUNTAINHEAD PKWY 10TH FLOOR**

City, State Zip Country: **TEMPE, AZ 85282 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-75721818-59375920

COLLATERAL

ALL SURVEY, MACHINE TOOL, AND RELATED EQUIPMENT LEASED OR FINANCED FROM BANK OF THE WEST INCLUDING, BUT NOT LIMITED TO THOSE ITEMS AND PROCEEDS THEREOF, RELATED TO AGREEMENT#813541 AND IN ANY AND ALL SUBSEQUENT ADDENDUMS AND SCHEDULES RELATED TO THIS AGREEMENT.