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: **A & J WELL CO., INC.**

Mailing Address: **PO BOX 698**

City, State Zip Country: **SLATERSVILLE, RI 02876 USA**

Last Name (i.e. Family Name or Surname): **WRIGHT** *First Name:* **SCOTT** *Middle Name:* **DANIEL**

Mailing Address: **PO BOX 102**

City, State Zip Country: **SLATERSVILLE, RI 02876 USA**

SECURED PARTY INFORMATION

Org. Name: **KUBOTA CREDIT CORPORATION, U.S.A.**

Mailing Address: **PO BOX 2046**

City, State Zip Country: **GRAPEVINE, TX 76099 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-75788073-59405727

COLLATERAL

KUBOTA KX057-4R3AP KBCDZ36CVL3D32677 *EXCAVATOR WRUB TKSAC CABAN;