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: **BEEF BARN, INC.**

Mailing Address: **1 GREENVILLE RD**

City, State Zip Country: **NORTH SMITHFIELD, RI 02896 USA**

Last Name (i.e. Family Name or Surname): **BRANCHAUD** *First Name:* **MARC** *Middle Name:* **MILTON**

Mailing Address: **7 TROUT BROOK LANE**

City, State Zip Country: **NORTH SMITHFIELD, RI 02896 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-0-75955677-59479222

COLLATERAL

KUBOTA KX057-4R3AP 32256 EXCAVATOR WRUB TRKSAC CABAN;