

# 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):* **BRIGGS** *First Name:* **STEPHEN**

*Mailing Address:* **338 STONY LN**

*City, State Zip Country:* **NORTH KINGSTOWN, RI 02852 USA**

*Org. Name:* **ALLIE'S TACK SHOP, INC**

*Mailing Address:* **338 STONY LN**

*City, State Zip Country:* **NORTH KINGSTOWN, RI 02852 USA**

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## 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**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-76425726-59674653**

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## COLLATERAL

THE FOLLOWING LISTED EQUIPMENT: MAKE:HUSQVARNA; MODEL:966613503; VIN/SN:042015F001925 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.