

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: **FACTOR IRRIGATION, INC.**

Mailing Address: **134 HOWARD AVE**

City, State Zip Country: **COVENTRY, RI 02816 USA**

SECURED PARTY INFORMATION

Org. Name: **DITCH WITCH FINANCIAL SERVICES, A PROGRAM OF BANK OF THE WEST**

Mailing Address: **1625 W. FOUNTAINHEAD PKWY, AZ-FTN-10C-A AZ-FTN-10C-A**

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

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-76625690-59757921

COLLATERAL

DITCH WITCH 410SX SN: DWP410SXEL0002166, H400 SN:DWPH400XCL0002021 AND ALL RELATED EQUIPMENT LEASED OR FINANCED FROM DITCH WITCH FINANCIAL SERVICES, A PROGRAM OF BANK OF THE WEST INCLUDING, BUT NOT LIMITED TO THOSE ITEMS AND PROCEEDS THEREOF, SET FORTH IN THE AGREEMENT LISTED BELOW AND IN ANY AND ALL SUBSEQUENT ADDENDUMS AND SCHEDULES TO THE AGREEMENT. AGREEMENT # 1034363.