

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: **GLENDAL, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **ATLANTIC CONTROL SYSTEMS INC.**

Mailing Address: **131 SHADY COVE ROAD**

City, State Zip Country: **NORTH KINGSTOWN, RI 02822 USA**

SECURED PARTY INFORMATION

Org. Name: **SIGNATURE FINANCIAL LLC**

Mailing Address: **12100 NE 195TH STREET STE 315**

City, State Zip Country: **BOTHELL, WA 98011 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-77994474-60301256

COLLATERAL

ONE (1) POWERSCREEN MODEL M652 CHIEFTAIN 1700 SCREENING PLANT SERIAL: PID00129HDGLA3785 TOGETHER WITH ALL PRESENT AND FUTURE ATTACHMENTS, ACCESSORIES, ADDITIONS, ACCESSIONS, PARTS AND SUPPLIES, AND ANY REPLACEMENTS THEREOF, INSTALLED IN, AFFIXED TO, OR USED IN CONNECTION WITH SAID PROPERTY AND ALL PROCEEDS OF SAID PROPERTY.