

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: **MAD MARC INC.**

Mailing Address: **393 MARKET ST**

City, State Zip Country: **WARREN, RI 02885 USA**

Last Name (i.e. Family Name or Surname): **DOMINA** *First Name:* **MARC** *Middle Name:* **A**

Mailing Address: **389 MARKET ST**

City, State Zip Country: **WARREN, RI 02885 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-0-77988040-60301255

COLLATERAL

KUBOTA KX033-4R3A KBCCZ48CTL3H15056 EXCAVATOR WRUB TKSAC CABANG;