

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: **CUSTOM SOLUTIONS DESIGN/BUILD INC**

Mailing Address: **113 BURLINGAME RD**

City, State Zip Country: **SMITHFIELD, RI 02917 USA**

Last Name (i.e. Family Name or Surname): **DESROSIERS** *First Name:* **ZACHARY** *Middle Name:* **P**

Mailing Address: **113 BURLINGAME RD**

City, State Zip Country: **SMITHFIELD, RI 02917 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-0-78375832-60456159

COLLATERAL

KUBOTA B2301HSD-1 58115 4WD TRA WFOLDABLE ROPS;KUBOTA LA435 A1692 *FRT LDR WGRILL GUARDB-01 SE;LAND PRIDE BB1266-82 1450892 *66" BOX SCRAPER;LAND PRIDE SGC0660-71 1497558 *GRAPPLE;