

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: **M. MAGIERA LANDSCAPING, LLC**

Mailing Address: **120 MAPLE ST**

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

Last Name (i.e. Family Name or Surname): **MAGIERA** *First Name:* **KARA** *Middle Name:* **B**

Mailing Address: **120 MAPLE STREET**

City, State Zip Country: **COVENTRY, RI 02816 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-0-78572815-60540198

COLLATERAL

KUBOTA LX2610HSD KBUB8AHRKL1G14109 4WD TRACTOR WFOLDABLE ROPS;KUBOTA BH1976 *MECHANICAL THUMB;KUBOTA BH77 E0896 7.7 FT BACKHOE;KUBOTA LA535 A2433 LOADER LX2610LX3310 WGRILL G;