

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: **GRASSHOPPER LAWN & LANDSCAPE SERVICE, LLC**

Mailing Address: **1 LAKEVIEW AVE**

City, State Zip Country: **NEWPORT, RI 02840 USA**

SECURED PARTY INFORMATION

Org. Name: **JCB FINANCE**

Mailing Address: **655 BUSINESS CENTER DRIVE**

City, State Zip Country: **HORSHAM, PA 19044 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-78716763-60597972

COLLATERAL

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