

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: **BOB'S CONCRETE CUTTING, INC.**

Mailing Address: **33 BARCLAY ST**

City, State Zip Country: **CHEPACHET, RI 02814 USA**

SECURED PARTY INFORMATION

Org. Name: **GREATAMERICA FINANCIAL SERVICES CORPORATION**

Mailing Address: **PO BOX 609**

City, State Zip Country: **CEDAR RAPIDS, IA 52406-0609 USA**

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: LESSEE-LESSOR

CUSTOMER REFERENCE: RI-0-82527865-62211002

COLLATERAL

1 - HUSQVARNA GENERATOR 1 - HUSQVARNA WS220 WALL SAW 1 - HUSQVARNA PP220 POWER PACK 1 - HUSQVARNA K4000 WET SAW 2 - HUSQVARNA K4000 CUT-N-BREAKS 2 - HUSQVARNA K760 POWER CUTTER 11 - HUSQVARNA MISCELLANEOUS ACCESSORIES PER ORDER #13917906 4 - HUSQVARNA DIAMOND BLADES PER ORDER #13917910 AND ALL PRODUCTS, PROCEEDS AND ATTACHMENTS.