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: **KEVIN & CRAIG, INC.**

Mailing Address: **25 SIMMONS RD**

City, State Zip Country: **LITTLE COMPTON, RI 02837 USA**

Last Name (i.e. Family Name or Surname): **HIBBAD** *First Name:* **CRAIG** *Middle Name:* **STEPHEN**

Mailing Address: **25 SIMMONS RD**

City, State Zip Country: **LITTLE COMPTON, RI 02837 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-0-82649852-62257702

COLLATERAL

KUBOTA KX057-5R3AP KBCDZ37CPM3E11325 EXCAVATOR WRUB TKSAC CABANG;LAND PRIDE AP-EA35 1102316K *AUGER;