

# 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:* **MARTINEZ, INC.**

*Mailing Address:* **5 MURAD STREET**

*City, State Zip Country:* **CRANSTON, RI 02920 USA**

---

## SECURED PARTY INFORMATION

*Org. Name:* **ISUZU FINANCE OF AMERICA, INC.**

*Mailing Address:* **2500 WESTCHESTER AVENUE**

*City, State Zip Country:* **PURCHASE, NY 10577 USA**

---

**TRANSACTION TYPE: STANDARD**

**ALTERNATIVE DESIGNATION: LESSEE-LESSOR**

**CUSTOMER REFERENCE: RI-0-82692789-62271834**

---

## COLLATERAL

ONE (1) DUMP BODY SERIAL NUMBER 41218938 MOUNTED ON TO ONE (1) 2022 ISUZU NRR CHASSIS VEHICLE ID JALE5W168N7303926