

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: **B & D TRANSPORT LLC**

Mailing Address: **136 JULIAN ST FL 1**

City, State Zip Country: **PROVIDENCE, RI 02909 USA**

SECURED PARTY INFORMATION

Org. Name: **SIMMONS BANK**

Mailing Address: **501 SOUTH MAIN**

City, State Zip Country: **PINE BLUFF, AR 71611 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-83001462-62396656

COLLATERAL

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