

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: **L & M BOISCLAIR CONSTRUCTION, INC.**

Mailing Address: **3070 SOUTH COUNTY TRAIL**

City, State Zip Country: **WEST KINGSTON, RI 02892 USA**

SECURED PARTY INFORMATION

Org. Name: **BANK OF THE WEST**

Mailing Address: **1625 W. FOUNTAINHEAD PKWY, AZ-FTN-10C-A AZ-FTN-10C-A**

City, State Zip Country: **TEMPE, AZ 85282 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-84216678-62896227

COLLATERAL

LINK BELT 160X4 SN LBX160Q7NKH1438 AND ALL RELATED EQUIPMENT OR FINANCED FROM BANK OF THE WEST INCLUDING, BUT NOT LIMITED TO THOSE ITEMS AND PROCEEDS THEREOF, SET FORTH IN THE AGREEMENT LISTED BELOW AND IN ANY AND ALL SUBSEQUENT ADDENDUMS AND SCHEDULES TO THE AGREEMENT. AGREEMENT # 2681396.