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: **CUSTOM & MILLER BOX COMPANY**

Mailing Address: **60 DELTA DR**

City, State Zip Country: **PAWTUCKET, RI 02861 USA**

SECURED PARTY INFORMATION

Org. Name: **BFG CORPORATION**

Mailing Address: **2801 LAKESIDE DRIVE SUITE 212**

City, State Zip Country: **BANNOCKBURN, IL 60015 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-84341636-62945943

COLLATERAL

ONE (1) NEW BYD ECB25D FORKLIFT S/N 0701210188 THIS FINANCING STATEMENT IS FILED FOR NOTICE PURPOSES ONLY AND THE FILING THEREOF SHALL NOT BE DEEMED EVIDENCE OF ANY INTENTION TO CREATE A SECURITY INTEREST UNDER THE UNIFORM COMMERCIAL CODE.