UCC-1 Form

FILER INFORMATION

Full name: **WOLTERS KLUWER LIEN SOLUTIONS**

Email Contact at Filer: **CTLSWEBACK@WOLTERSKLUWER.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **JOHN JAMES**

Mailing Address: **2929 ALLEN PKWY STE 3300**

City, State Zip Country: **HOUSTON, TX 77019 USA**

DEBTOR INFORMATION

Org. Name: **SKS LOGISTICS, LLC**

Mailing Address: **21 TUDOR ST**

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

SECURED PARTY INFORMATION

Org. Name: **AMUR EQUIPMENT FINANCE INC**

Mailing Address: **304 W. 3RD STREET, PO BOX 2555**

City, State Zip Country: **GRAND ISLAND, NE 68801 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-85096701-63244774

COLLATERAL

2018/KW/TT, VIN# 1XKWD49X8JJ994550