

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: **WAYSIDE LANDSCAPING INC.**

Mailing Address: **1155 MAPLE VALLEY RD**

City, State Zip Country: **GREENE, RI 02827 USA**

Last Name (i.e. Family Name or Surname): **DEJOSEPH** *First Name:* **CHRISTOPHER** *Middle Name:* **M**

Mailing Address: **1155 MAPLE VALLEY RD**

City, State Zip Country: **COVENTRY, RI 02827 USA**

SECURED PARTY INFORMATION

Org. Name: **KUBOTA CREDIT CORPORATION, U.S.A.**

Mailing Address: **PO Box 2046**

City, State Zip Country: **GRAPEVINE, TX 76099 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-85521317-63414732

COLLATERAL

KUBOTA U27-4R2 KBCGH12CAMZK43070 *EXCAVATOR WRUB TKS CAB HEAT ;