

# UCC-1 Form

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## 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**

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## DEBTOR INFORMATION

*Last Name (i.e. Family Name or Surname):* **FANDETTI** *First Name:* **MATHEW** *Middle Name:* **L**

*Mailing Address:* **7 QUAKER LN**

*City, State Zip Country:* **CUMBERLAND, RI 02864 USA**

*Org. Name:* **IDEAL LANDSCAPE INC**

*Mailing Address:* **7 QUAKER LN**

*City, State Zip Country:* **CUMBERLAND, RI 02864 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **SHEFFIELD FINANCIAL, A DIVISION OF TRUIST BANK**

*Mailing Address:* **P O BOX 25127**

*City, State Zip Country:* **WINSTON-SALEM, NC 27114 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-86514347-63844571**

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## COLLATERAL

THE FOLLOWING LISTED EQUIPMENT: MAKE:WRIGHT; MODEL:WSTN36SFX600E1B; VIN/SN:144899VF ; MAKE:WRIGHT; MODEL:GCWR2; VIN/SN:NA ALONG WITH ALL ADDITIONS, MODIFICATIONS, AND EXCHANGES TO THE SUBJECT EQUIPMENT TO INCLUDE SPECIAL TOOLS AND EQUIPMENT NEEDED FOR ITS SERVICE AND REPAIR. AND ALL OTHER EQUIPMENT NOW OWNED AND HEREAFTER ACQUIRED THAT IS FINANCED BY SHEFFIELD FINANCIAL.