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: **P RODGERS LLC**

Mailing Address: **PO BOX 713**

City, State Zip Country: **NEWPORT, RI 02840 USA**

Last Name (i.e. Family Name or Surname): **RODGERS** *First Name:* **PAMELA** *Middle Name:* **S**

Mailing Address: **533 E SHORE RD**

City, State Zip Country: **JAMESTOWN, RI 02835 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-0-87411973-64242806

COLLATERAL

KUBOTA BX23SLSB-R-1 KBUC1DHRLNGD75534 *4WD TRASTD ROPSR3 TIRE2LEV;KUBOTA BX2816 22208099 50" FRONT SNOW BLWER FOR BX281;KUBOTA RCK54-23BX 65126 54" SIDE DISCHARGE MOWER;