

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: **INDUPLATE INC.**

Mailing Address: **7 WELLINGTON ROAD**

City, State Zip Country: **LINCOLN, RI 02865 USA**

SECURED PARTY INFORMATION

Org. Name: **BANC OF AMERICA LEASING & CAPITAL, LLC**

Mailing Address: **540 W MADISON ST IL4-540-22-31**

City, State Zip Country: **CHICAGO, IL 60661 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-88447857-64686762

COLLATERAL

1-CROWN SX3000-40 WALKIE STRADDLE STACKER SN-10366722 TOGETHER WITH ALL ACCESSORIES, ACCESSIONS, REPLACEMENTS, SUBSTITUTIONS, REPLACEMENT PARTS AND ATTACHMENTS, AND ALL PROCEEDS OF THE FORGOING, INCLUDING INSURANCE PROCEEDS.