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: **O'NEIL ELECTRIC COMPANY, INC.**

Mailing Address: **39 FOXCROFT AVE**

City, State Zip Country: **WARWICK, RI 02889 USA**

Last Name (i.e. Family Name or Surname): **ONEIL** *First Name:* **SHAWN** *Middle Name:* **M**

Mailing Address: **39 FOXROFT AVE**

City, State Zip Country: **WARWICK, RI 02889 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-0-88733109-64805375

COLLATERAL

KUBOTA KX033-4R3 KBCCZ48CKN3E18293 *EXCAVATOR WRUB TKSAC CABBL;