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: **PRECISION WELL & PUMP SYSTEMS INC.**

Mailing Address: **PO BOX PO**

City, State Zip Country: **RICHMOND, RI 02892 USA**

Last Name (i.e. Family Name or Surname): **MILLER** *First Name:* **DARIN** *Middle Name:* **SCOTT**

Mailing Address: **171 OLD MOUNTAIN TRL**

City, State Zip Country: **WEST KINGSTON, RI 02892 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-0-88788546-64834396

COLLATERAL

KUBOTA R530R43 11349 *WHEEL LOADER AC CAB;