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: **BILCAP 1350 LLC**

Mailing Address: **1350 DIVISIONS RD SUITE 102**

City, State Zip Country: **WEST WARWICK, RI 02893 USA**

SECURED PARTY INFORMATION

Org. Name: **AMUR EQUIPMENT FINANCE INC**

Mailing Address: **304 W. 3RD STREET, PO BOX 2555**

City, State Zip Country: **GRAND ISLAND, NE 68801 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-88869151-64869330

COLLATERAL

2007 GENIE Z60 SN: Z6007-7645