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: **EARTH CARE FARM, LLC**

Mailing Address: **89A COUNTRY DR**

City, State Zip Country: **CHARLESTOWN, RI 02813 USA**

Last Name (i.e. Family Name or Surname): **SENECAL** *First Name:* **JAYNE** *Middle Name:* **M**

Mailing Address: **89A COUNTRY DRIVE**

City, State Zip Country: **CHARLESTOWN, RI 02813 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-0-89638805-65175174

COLLATERAL

KUBOTA L3560HST KBUL5AHRCN8C53586 *4WD HST TRACTOR WFOLDABLE RO;KUBOTA LA805 C8194 *FRONT LOADER WGRILL GUARDQ.;