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: **EASTERN ICE CO., INC.**

Mailing Address: **281 COMMERCE ST**

City, State Zip Country: **FALL RIVER, RI 02720-4761 USA**

SECURED PARTY INFORMATION

Org. Name: **TOYOTA INDUSTRIES COMMERCIAL FINANCE, INC.**

Mailing Address: **P.O. BOX 9050**

City, State Zip Country: **DALLAS, TX 75019-9050 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-89695129-65198438

COLLATERAL

ONE (1) TOYOTA FORKLIFT MODEL # 8FBE20U SERIAL # 27574 ATTACHMENTS BATTERY 18-E90D-21 CHARGER EI3-HL-4Y