

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: **KETTLEBOTTOM, LLC**

Mailing Address: **44 SOUTHWEST AVE**

City, State Zip Country: **JAMESTOWN, RI 02835 USA**

Last Name (i.e. Family Name or Surname): **ROACH** *First Name:* **ROBERT** *Middle Name:* **N**

Mailing Address: **64 GREEN LANE**

City, State Zip Country: **JAMESTOWN, RI 02835 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-0-89884781-65274169

COLLATERAL

KUBOTA MX5400HST KBUL3BHRCN8G26590 *4WD HST TRACTOR WFOLDABLE RO;KUBOTA LA1065A C8061 *FRONT
LOADER MX SERIES WO VA;