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: **NORTH-EASTERN TREE SERVICE, INC.**

Mailing Address: **1000 PONTIAC AVE**

City, State Zip Country: **CRANSTON, RI 02920-7906 USA**

SECURED PARTY INFORMATION

Org. Name: **ALTEC CAPITAL SERVICES, LLC**

Mailing Address: **33 INVERNESS CENTER PARKWAY SUITE 200**

City, State Zip Country: **BIRMINGHAM, AL 35242 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-89952356-65302478

COLLATERAL

2022 MCCLOSKEY INTERNATIONAL R155 SCREENER SN: 92533