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: **M. PONTARELLI LANDSCAPE SERVICE, LLC**

Mailing Address: **160 GLEN HILLS DR**

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

Last Name (i.e. Family Name or Surname): **PONTARELLI** *First Name:* **MICHAEL** *Middle Name:* **J**

Mailing Address: **160 GLEN HILLS DRIVE**

City, State Zip Country: **CRANSTON, RI 02920 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-0-90158486-65394236

COLLATERAL

KUBOTA BX23SLSB-R-1 KBUC1DHRCNGE76609 *4WD TRASTD ROPSR4 TIRE2LEV;KUBOTA BX6316 *MECHANICAL THUMB;