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: **A CAP INC.**

Mailing Address: **P.O. BOX 3044**

City, State Zip Country: **WESTERLY, RI 02891 USA**

Last Name (i.e. Family Name or Surname): **CAPALBO** *First Name:* **ANTHONY** *Middle Name:* **GIULIO**

Mailing Address: **54 DENISON HILL ROAD**

City, State Zip Country: **NORTH STONINGTON, CT 06359 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-0-90507201-65553001

COLLATERAL

KUBOTA MX6000HSTC KBUL3CHCVM8L18995 *4WD HST TRACTOR WCAB;KUBOTA LA1065A C7045 *FRONT LOADER MX SERIES WO VA;