

# UCC-1 Form

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## 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:* **GLENDAL, CA 91209-9071 USA**

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## DEBTOR INFORMATION

*Org. Name:* **PROVIDENCE SPECIALTY PRODUCTS, LLC**

*Mailing Address:* **33 DEARBORN STREET**

*City, State Zip Country:* **PROVIDENCE, RI 02909 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **CROWN EQUIPMENT CORPORATION**

*Mailing Address:* **44 S. WASHINGTON STREET**

*City, State Zip Country:* **NEW BREMEN, OH 45869 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-90600599-65591755**

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## COLLATERAL

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