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: **NE PROPERTY SERVICES, INC.**

Mailing Address: **3 BETSY DRIVE**

City, State Zip Country: **BRISTOL, RI 02809 USA**

SECURED PARTY INFORMATION

Org. Name: **KOMATSU FINANCIAL LIMITED PARTNERSHIP**

Mailing Address: **8770 W BRYN MAWR AVE SUITE 100**

City, State Zip Country: **CHICAGO, IL 60631 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-90864148-65705196

COLLATERAL

ONE (1) KOMATSU WA200-8 WHEEL LOADER, S/N# 87617, 2.5 CY BUCKET, FORKS. COMPLETE WITH ALL PRESENT ATTACHMENTS, ACCESSORIES, REPLACEMENT PARTS, ADDITIONS AND ALL PROCEEDS THEREOF.