

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

DEBTOR INFORMATION

Org. Name: **LINCOLN LANDSCAPE, LLC**

Mailing Address: **633 WINTER ST**

City, State Zip Country: **WOONSOCKET, RI 02895 USA**

Last Name (i.e. Family Name or Surname): **CAREY** *First Name:* **JEREMIAH** *Middle Name:* **J**

Mailing Address: **167R BLACKSTONE ST**

City, State Zip Country: **BLACKSTONE, MA 01504 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-0-92111531-66224609

COLLATERAL

KUBOTA SVL75-2HFWC KBCZ052CVN1M73181 *SVL75-2 HI FLOW CAB&HYD CPLR ;