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: **DAN SLEBODA + SON EXCAVATING, INC.**

Mailing Address: **171 WHIPPLE RD**

City, State Zip Country: **SMITHFIELD, RI 02917 USA**

Last Name (i.e. Family Name or Surname): **SLEBODA** *First Name:* **DANIEL** *Middle Name:* **C**

Mailing Address: **171 WHIPPLE ROAD**

City, State Zip Country: **SMITHFIELD, RI 02917 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-0-92355165-66329210

COLLATERAL

KUBOTA KX057-5R3AP KBCDZ37CTN3G14800 *EXCAVATOR WRUB TKSAC CABAN;KUBOTA K7937B NA *HYD THUMB;