

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: **MDP LANDSCAPING & CONSTRUCTION LLC**

Mailing Address: **P.O BOX 7284**

City, State Zip Country: **WARWICK, RI 02887 USA**

Last Name (i.e. Family Name or Surname): **PAPA** *First Name:* **MATTHEW** *Middle Name:* **D**

Mailing Address: **12 CUSHING RD**

City, State Zip Country: **WARWICK, RI 02888 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-0-92677292-66468208

COLLATERAL

KUBOTA KX040-4R3A KBCDZ15CAP3B48207 *EXCAVATOR WRUB TKSAC CABAN;