

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

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## DEBTOR INFORMATION

Org. Name: **TIBRI, LLC**

Mailing Address: **1470 PUTNAM PIKE**

City, State Zip Country: **CHEPACHET, RI 02814 USA**

Last Name (i.e. Family Name or Surname): **PIETERS** First Name: **ASTER** Middle Name: **A**

Mailing Address: **1470 PUTNAM PIKE**

City, State Zip Country: **CHEPACHET, RI 02814 USA**

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## SECURED PARTY INFORMATION

Org. Name: **KUBOTA CREDIT CORPORATION, U.S.A.**

Mailing Address: **PO BOX 2046**

City, State Zip Country: **GRAPEVINE, TX 76099 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-93232614-66701483**

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## COLLATERAL

KUBOTA L4701DT KBUL4CDRLNJK79927 \*4WD FINAL TIER 4 TRA WFOLD R;KUBOTA LA765 C9681 \*FRONT LOADER  
WGRILL GUARDQ.;LAND PRIDE PFL3048 2126802 \*48" 3000LB PALLET FORK;