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: **KEY CONTAINER CORPORATION**

Mailing Address: **21 CAMPBELL ST**

City, State Zip Country: **PAWTUCKET, RI 02861 USA**

SECURED PARTY INFORMATION

Org. Name: **BFG CORPORATION**

Mailing Address: **2801 LAKESIDE DRIVE SUITE 212**

City, State Zip Country: **BANNOCKBURN, IL 60015 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-93636545-66871193

COLLATERAL

1EA NEW 2023 BYD ECB18 FORKLIFT S/N: 1501221194