

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: **M.G.S., LLC**

Mailing Address: **62 CARUE DR**

City, State Zip Country: **NORTH SCITUATE, RI 02857 USA**

Last Name (i.e. Family Name or Surname): **MARTINELLI** First Name: **FRANK** Middle Name: **J**

Mailing Address: **62 CARU DR**

City, State Zip Country: **SCITUATE, RI 02857 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-0-93653664-66877639**

COLLATERAL

KUBOTA KX040-4R3 KBCDZ15CVP3C48967 *EXCAVATOR WRUB TKSAC CABBL;