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: **HAMMOND HOUSECRAFT, INC.**

Mailing Address: **31 BAY ST**

City, State Zip Country: **WESTERLY, RI 02891 USA**

Last Name (i.e. Family Name or Surname): **GALKIN** *First Name:* **GARY** *Middle Name:* **L**

Mailing Address: **24 HAMMOND HILL**

City, State Zip Country: **SAUNDERSTOWN, RI 02874 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-0-93911406-66982684

COLLATERAL

KUBOTA M62 KBU141HREN8J52479 4WD - TRACTOR;KUBOTA BT1400V G0483 BACKHOE WAUX HYD VALVE M62T;KUBOTA K7545A 1721 *HYD THUMB;KUBOTA TL1800V G0598 FRONT LOADER W3RD FCTN VLV ;