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: **BARRETTE FABRICATION, LLC**

Mailing Address: **1077 TOLL GATE RD**

City, State Zip Country: **WARWICK, RI 02886-0650 USA**

SECURED PARTY INFORMATION

Org. Name: **GREATAMERICA FINANCIAL SERVICES CORPORATION**

Mailing Address: **625 FIRST STREET**

City, State Zip Country: **CEDAR RAPIDS, IA 52401-2030 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-94337493-67171220

COLLATERAL

1 - HUNTER TC39SS CENTER CLAMP TIRE CHANGER 1 - HUNTER 20-3442-1 WHEEL LIFT 1 - HUNTER RP6-G1000A87 FLANGE PLATE KIT 1 - HUNTER RP6-G1000A102 FLANGE PLATE PINS 1 - HUNTER RFE02 ROAD FORCE ELITE BALANCER W/TDC LASER 1 - HUNTER 20-3358-1 ECONOMY MD COLLET KIT 1 - HUNTER 20-3101-1 FOOT PEDAL AND ALL PRODUCTS, PROCEEDS AND ATTACHMENTS.