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: **L.A. PATTERSON, INC.**

Mailing Address: **1401 BOSTON NECK ROAD**

City, State Zip Country: **SAUNDERSTOWN, RI 02874 USA**

SECURED PARTY INFORMATION

Org. Name: **THE WASHINGTON TRUST COMPANY, OF WESTERLY**

Mailing Address: **23 BROAD STREET**

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

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-94664034-67311315

COLLATERAL

AN ASSIGNMENT OF TITLE AND FIRST LIEN POSITION ON: 1992 MACK TRI AXLE DUMP TRUCK BEARING VIN #2M2P268C2NC011734