

# UCC-1 Form

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## 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**

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## DEBTOR INFORMATION

*Org. Name:* **OFFSHORE EXPRESS INC.**

*Mailing Address:* **65 PERSHING AVENUE**

*City, State Zip Country:* **WAKEFIELD, RI 02879 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **MERCHANTS BANK, NATIONAL ASSOCIATION**

*Mailing Address:* **4550 WEST 77TH STREET SUITE 140**

*City, State Zip Country:* **EDINA, MN 55435-2033 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-95249597-67549727**

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## COLLATERAL

(1) 2024 WESTERN STAR 49X HEAVY DUTY TRUCK - SERIAL NUMBER: 5KJJBWFGXRLUZ8504, TOGETHER WITH ALL ATTACHMENTS INCLUDING ANY REPLACEMENTS THEREOF OR ACCESSIONS THERETO.