

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: **GLENDAL, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **PLASTICS PLUS, INC.**

Mailing Address: **1 HATCH STREET**

City, State Zip Country: **CUMBERLAND, RI 02864 USA**

SECURED PARTY INFORMATION

Org. Name: **AMADA AMERICA, INC.**

Mailing Address: **7025 FIRESTONE BLVD**

City, State Zip Country: **BUENA PARK, CA 90621 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-95322784-67580806

COLLATERAL

ONE (1) AMADA CYCLE LOADER, MODEL # AMS3015CL, COMPLETE WITH ALL ATTACHMENTS NOW OWNED OR
HEREAFTER ACQUIRED. THE UNDERSIGNED HEREBY GRANTS A SECURITY INTEREST IN THE ABOVE REFERENCED
EQUIPMENT TO SECURE PAYMENT OF ITS FULL PURCHASE PRICE.