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: **A.B.HOXIE, INC.**

Mailing Address: **P.O. BOX 1620**

City, State Zip Country: **CHARLESTOWN, RI 02813 USA**

Last Name (i.e. Family Name or Surname): **HOXIE** *First Name:* **ASA** *Middle Name:* **BELLAMY**

Mailing Address: **P.O. BOX 1620**

City, State Zip Country: **CHARLESTOWN, RI 02813 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-0-95748208-67774673

COLLATERAL

KUBOTA KX057-5R3AP KBCDZ37CVP3H17614 *EXCAVATOR WRUB TKSAC CABAN;