

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

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## DEBTOR INFORMATION

*Org. Name:* **NORTHERN TRUCK & TRAILER SERVICE, INC.**

*Mailing Address:* **344 GEORGE WASHINGTON HIGHWAY**

*City, State Zip Country:* **SMITHFIELD, RI 02917 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **DEUTSCHE LEASING USA, INC.**

*Mailing Address:* **190 S. LASALLE STREET SUITE 2150**

*City, State Zip Country:* **CHICAGO, IL 60603 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-95825027-67810333**

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## COLLATERAL

THE FOLLOWING EQUIPMENT, GOODS AND OTHER PERSONAL PROPERTY, AND ALL SOFTWARE EMBEDDED THEREIN (IF ANY), FINANCED BY SECURED PARTY TO OR FOR DEBTOR PURSUANT TO THE MASTER SECURITY AGREEMENT DATED AS OF NOVEMBER 1, 2023 AND THE RELATED COLLATERAL SCHEDULE #001 DATED AS OF NOVEMBER 1, 2023; AND ALL SUBSTITUTIONS, ACCESSIONS, ADDITIONS, ATTACHMENTS, MODIFICATIONS, IMPROVEMENTS, REPLACEMENTS, REPLACEMENT PARTS, SPARE PARTS AND ACCESSORIES THERETO OR RELATING TO ANY OF THE FOREGOING; AND ALL DEPOSITS, ACCOUNTS, CHATTEL PAPER, GENERAL INTANGIBLES, INSTRUMENTS, LETTER-OF-CREDIT RIGHTS, SUPPORTING OBLIGATIONS, DOCUMENTS, PROCEEDS (INCLUDING BUT NOT LIMITED TO CASH AND NON-CASH PROCEEDS, INCLUDING INSURANCE PROCEEDS), PRODUCTS AND INCOME ARISING OUT OF, RESULTING FROM, OR OTHERWISE RELATING TO ANY OF THE FOREGOING: ONE (1) 2024 HEIL AVB6 12000 - DOT406 VIN# 5HTSA4421R7126103 INCLUDING ALL ATTACHMENTS AND ACCESSORIES