

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: **BOB'S CONCRETE CUTTING, INC.**

Mailing Address: **PO BOX 58**

City, State Zip Country: **HARMONY, RI 02829 USA**

Last Name (i.e. Family Name or Surname): **LYONS** *First Name:* **NATHANIEL** *Middle Name:* **P**

Mailing Address: **31 LOWES LANE**

City, State Zip Country: **CHEPACHET, RI 02814 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-0-96165474-67966096

COLLATERAL

KUBOTA SCL1000 KBXLCA1U8PLE13138 STAND-ON COMPACT LDR, 1000# RO;LAND PRIDE AP-CPF1242 1153856K PALLET FORK, 1200LBS;