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: **JGC CORP.**

Mailing Address: **1461 ATWOOD AVE**

City, State Zip Country: **JOHNSTON, RI 02919 USA**

Last Name (i.e. Family Name or Surname): **JACAVONE** *First Name:* **DINO** *Middle Name:* **R**

Mailing Address: **5 FRENCH LANE**

City, State Zip Country: **NORTH SCITUATE, RI 02857 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-0-96430340-68087919

COLLATERAL

KUBOTA RTV-X1140WL-H A5KD2GDBTPG064324 UV WORKSITE W HDWS TIRESLINE;KUBOTA V5060 244436 *HYDELEC PLOW;