

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

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## DEBTOR INFORMATION

*Org. Name:* **MOBILE FENCING, INC.**

*Mailing Address:* **81 PILSUDSKI ST**

*City, State Zip Country:* **PROVIDENCE, RI 02909-2920 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **GREATAMERICA FINANCIAL SERVICES CORPORATION**

*Mailing Address:* **625 FIRST STREET**

*City, State Zip Country:* **CEDAR RAPIDS, IA 52401-2030 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-96729578-68227268**

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## COLLATERAL

HUNTER HDE32 BALANCER WITH NO TOUCH LASTER SYSTEM AND TDC LASER HUNTER 20-2761-2 KIT HUNTER 175-400-2 ADAPTOR  
HUNTER 20-1207-1 TRUCK CONE KIT HUNTER 20-2989-1 FIVE COLLET SET HUNTER TCX58 CONVENTIONAL TABLE-TOP TIRE CHANGER  
HUNTER 20-2045-1 WHEEL LIFT KIT AND ALL PRODUCTS, PROCEEDS AND ATTACHMENTS.