

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

DEBTOR INFORMATION

Org. Name: **WHITTET-HIGGINS COMPANY**

Mailing Address: **33 HIGGINSON AVE**

City, State Zip Country: **CENTRAL FALLS, RI 02863 USA**

SECURED PARTY INFORMATION

Org. Name: **AMADA AMERICA, INC.**

Mailing Address: **7025 FIRESTONE BLVD**

City, State Zip Country: **BUENA PARK, CA 90621 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-97498367-68561498

COLLATERAL

ONE (1) AMADA BREVIS 1212 3K FIBER LASER, MODEL # BRE1212AJ, WITH CHILLER, DUST COLLECTOR, INSTALLATION KIT, AND ONE (1) VPSS3I BLANK SOFTWARE PROGRAMMING PACKAGE, COMPLETE WITH ALL ATTACHMENTS NOW OWNED OR HEREAFTER ACQUIRED. THE UNDERSIGNED HEREBY GRANTS A SECURITY INTEREST IN THE ABOVE REFERENCED EQUIPMENT TO SECURE PAYMENT OF ITS FULL PURCHASE PRICE.