

# 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:* **FUTURE COM LTD**

*Mailing Address:* **151 SINGLETON ST**

*City, State Zip Country:* **WOONSOCKET, RI 02895 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **LAKELAND BANK**

*Mailing Address:* **166 CHANGEBRIDGE RD**

*City, State Zip Country:* **MONTVILLE, NJ 07045 USA**

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## TRANSACTION TYPE: STANDARD

**ALTERNATIVE DESIGNATION: BAILEE-BAILOR**

**CUSTOMER REFERENCE: RI-0-97503909-68564237**

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## COLLATERAL

2014 JLG 600AJ BOOM 60-64' ARTICULATING SN 0300187519 AND ALL PRODUCTS, PROCEEDS AND ATTACHMENTS.