

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: **BAYS CAPE LAWCARE, LLC.**

Mailing Address: **933 BOSTON NECK ROAD**

City, State Zip Country: **NARRAGANSETT, RI 02882 USA**

SECURED PARTY INFORMATION

Org. Name: **UNIVEST CAPITAL, INC.**

Mailing Address: **1041 YORK ROAD**

City, State Zip Country: **WARMINSTER, PA 18974 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-97797345-68682653

COLLATERAL

AGREEMENT # 40120311 BETWEEN UNIVEST CAPITAL, INC., AS LENDER AND BAYS CAPE LAWCARE, LLC., AS BORROWER, AND EQUIPMENT (AS MORE FULLY DESCRIBED BELOW OR ON ATTACHED SCHEDULE "A") FINANCED BY DEBTOR, TOGETHER WITH ALL SUBSTITUTIONS, REPLACEMENTS, ACCESSIONS AND ADDITIONAL EQUIPMENT AS LISTED ON THE SUPPLIER'S INVOICE AND SUBMITTED FOR PAYMENT WITH REGARDS TO THIS CONTRACT THERETO AND INSURANCE THEREON AND ALL PROCEEDS OF ANY NATURE THEREOF. 1 MULCH MATE DS1000, 1 EXTENSION CONVEYOR. EQUIPMENT FURTHER DESCRIBED ON DAWSON MANUFACTURING USA INVOICE # 14371, DATED 03/07/2024.