

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: **J A R BAKERS SUPPLY, INC.**

Mailing Address: **12 CROW POINT ROAD**

City, State Zip Country: **LINCOLN, RI 02865 USA**

SECURED PARTY INFORMATION

Org. Name: **CROWN EQUIPMENT CORPORATION**

Mailing Address: **44 S. WASHINGTON STREET**

City, State Zip Country: **NEW BREMEN, OH 45869 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-97922717-68745758

COLLATERAL

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