

# 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: **PLASTICS PLUS, INC.**

Mailing Address: **51 ABBOTT STREET**

City, State Zip Country: **CUMBERLAND, RI 02864 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-0-98117904-68836365**

## COLLATERAL

ONE (1) AMADA EGB 4IE 66T 1.3M MODEL 15 E-BRAKE, MODEL # EGB6013E-M15, WITH TOOLING 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.