

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: **COLA PLUMBING & HEATING, INC.**

Mailing Address: **90 LAFAYETTE RD**

City, State Zip Country: **NORTH KINGSTOWN, RI 02852 USA**

SECURED PARTY INFORMATION

Org. Name: **KUBOTA CREDIT CORPORATION, U.S.A.**

Mailing Address: **PO BOX 2046**

City, State Zip Country: **GRAPEVINE, TX 76099 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-98156927-68856083

COLLATERAL

KUBOTA L47 KBU131HRPP8G54289 4WD - TRACTOR;KUBOTA BT1000BV H0106 *BACKHOE WAUX HYD VALVE L47;KUBOTA BT3003A D0096 *BACKHOE BUCKET;KUBOTA BT4598 B0800 *HYD THUMB KIT;KUBOTA TL1300V H0059 *FRONT LOADER W3RD FCTN VLV ;KUBOTA TL1765 B1793 *QA BUCKET;