

# 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:* **FIELDS OF DREAMS COLLABORATIVE, LLC**

*Mailing Address:* **15 GREY LANE**

*City, State Zip Country:* **HOPKINTON, RI 02833 USA**

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## SECURED PARTY INFORMATION

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

*Mailing Address:* **PO BOX 2046**

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

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-98655744-69089051**

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## COLLATERAL

**KUBOTA L4802HST KBULMCHRHPJG11463 \*4WD HST TRACTOR WFOLDABLE RO;**