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: **TIBRI, LLC**

Mailing Address: **1470 PUTNAM PIKE**

City, State Zip Country: **CHEPACHET, RI 02814 USA**

Last Name (i.e. Family Name or Surname): **PIETERS** *First Name:* **ASTER** *Middle Name:* **A**

Mailing Address: **1470 PUTNAM PIKE**

City, State Zip Country: **CHEPACHET, RI 02814 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-0-98695926-69109015

COLLATERAL

KUBOTA RTVX2-PKLH24 A5KP1HDBCRG013226 *UV-PREMORANGELINERHDMPSTE;