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: **MATERIALS EQUIPMENT CORP.**

Mailing Address: **618 GREENVILLE RD**

City, State Zip Country: **NORTH SMITHFIELD, RI 02896 USA**

SECURED PARTY INFORMATION

Org. Name: **LAKELAND BANK**

Mailing Address: **166 CHANGEBRIDGE RD**

City, State Zip Country: **MONTVILLE, NJ 07045 USA**

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: BAILEE-BAILOR

CUSTOMER REFERENCE: RI-0-99171346-69337586

COLLATERAL

2025 KENWORTH W900 TRACTOR VIN 1XKWD40X3SR133583 AND ALL PRODUCTS, PROCEEDS AND ATTACHMENTS.