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: **P.R. MATERIALS & GARDEN CENTER, INC.**

Mailing Address: **3688 QUAKER LN**

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

Last Name (i.e. Family Name or Surname): **BARNES** *First Name:* **STEPHEN** *Middle Name:* **MICHAEL**

Mailing Address: **278 NATICK AVENUE**

City, State Zip Country: **WARWICK, RI 02886 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-0-99178919-69340846

COLLATERAL

KUBOTA R640R43 KBC5Z63CPNZE10802 *WHEEL LOADER AC CAB;