

# 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: **ARKINS CONSTRUCTION INC.**

Mailing Address: **178 WILLOW AVENUE**

City, State Zip Country: **LITTLE COMPTON, RI 02837 USA**

## SECURED PARTY INFORMATION

Org. Name: **LEAF CAPITAL FUNDING, LLC**

Mailing Address: **2005 MARKET STREET 14TH FLOOR**

City, State Zip Country: **PHILADELPHIA, PA 19103 USA**

## TRANSACTION TYPE: STANDARD

## CUSTOMER REFERENCE: RI-0-99489410-69494599

## COLLATERAL

THE FOLLOWING ITEMS OF EQUIPMENT: VERTICAL PANEL SAW WITH ATTACHMENTS AND ACCESSORIES. IN ADDITION, THE COLLATERAL ALSO SHALL INCLUDE ALL PARTS, ACCESSORIES, ACCESSIONS AND ATTACHMENTS THERETO, AND ALL REPLACEMENTS, SUBSTITUTIONS AND EXCHANGES (INCLUDING TRADE-INS).