

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: **IDEAL LANDSCAPE, INC.**

Mailing Address: **7 QUAKER RD**

City, State Zip Country: **CUMBERLAND, RI 02864 USA**

Last Name (i.e. Family Name or Surname): **FANDETTI** First Name: **MATTHEW** Middle Name: **LOUIS**

Mailing Address: **7 QUAKER ROAD**

City, State Zip Country: **CUMBERLAND, RI 02864 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-0-100015032-69734350**

COLLATERAL

KUBOTA BX23SLSB-R14-1 KBUC1DHRTRGE95331 4WD TRASTD ROPSR14 TIRE2LEV;