

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: **WASHINGTON COUNTY POMONA GRANGE, INCORPORATED**

Mailing Address: **78 RICHMOND TOWN HOUSE RD**

City, State Zip Country: **RICHMOND, RI 02892 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-0-100175300-69806367

COLLATERAL

KUBOTA M62 KBU141HREK8D51370 *4WD - TRACTOR;KUBOTA BT1400V G0564 *BACKHOE WAUX HYD VALVE M62;KUBOTA TL1800V G0721 *FRONT LOADER W3RD FCTN VLV ;