

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: **GLENDAL, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **A.B.HOXIE, INC.**

Mailing Address: **P.O. BOX 1620**

City, State Zip Country: **CHARLESTOWN, RI 02813 USA**

Last Name (i.e. Family Name or Surname): **HOXIE** First Name: **ASA** Middle Name: **BELLAMY**

Mailing Address: **P.O. BOX 1620**

City, State Zip Country: **CHARLESTOWN, RI 02813 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-0-100657468-70029738

COLLATERAL

KUBOTA RTV-X1100CWL-H A5KC2GDBERG091566 *UV WORKSITE WCAB HDWS TIRES;