

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: **ROBERTS CHEMICAL CO., INC.**

Mailing Address: **330 VICTOR RD STE B**

City, State Zip Country: **ATTLEBORO, MA 02703 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-0-101343507-70354312

COLLATERAL

THE FOLLOWING ITEMS OF EQUIPMENT: TOYOTA MODEL 8FBE2OU FORKLIFT WITH ALL ATTACHMENTS AND ACCESSORIES. 6115 GALLON HDXLPE IMFO TANK WITH ALL 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).