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: **WILD & SCENIC INC**

Mailing Address: **50 A PINE KNOLL LANE**

City, State Zip Country: **WAKEFIELD, RI 02879 USA**

SECURED PARTY INFORMATION

Org. Name: **ISUZU FINANCE OF AMERICA, INC.**

Mailing Address: **2500 WESTCHESTER AVENUE**

City, State Zip Country: **PURCHASE, NY 10577 USA**

TRANSACTION TYPE: **STANDARD**
ALTERNATIVE DESIGNATION: **LESSEE-LESSOR**

CUSTOMER REFERENCE: **RI-0-101473704-70411321**

COLLATERAL

ONE (1) DURAMAG LANDSCAPE DUMP BODY MOUNTED ONTO ONE (1) 2024 ISUZU NPR-HD CHASSIS VEHICLE ID 54DC4J1D0RS220163