

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: **NATIVE NEW ENGLAND LANDSCAPES, INC.**

Mailing Address: **686 MINISTERIAL RD**

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

Last Name (i.e. Family Name or Surname): **GEABER** First Name: **ZACHARY** Middle Name: **J**

Mailing Address: **686 MINISTERIAL RD**

City, State Zip Country: **WAKEFIELD, RI 02879 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-0-102268162-70791588**

COLLATERAL

KUBOTA R640R43 KBC5Z63CKPZL11821 WHEEL LOADER AC CAB;KUBOTA K7164 NA *HYDRAULIC COUPLER;KUBOTA K7174 NA *74" GENERAL PURPOSE BUCKET;LAND PRIDE AP-PFL4648 1174202K *48" 4500LB PALLET FORK;