

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: **3 BRANCH LLC**

Mailing Address: **334 BRANCH AVE.**

City, State Zip Country: **PROVIDENCE, RI 02904 USA**

SECURED PARTY INFORMATION

Org. Name: **ZAXIS FINANCIAL SERVICES AMERICAS, LLC**

Mailing Address: **11675 RAINWATER DRIVE SUITE 225**

City, State Zip Country: **ALPHARETTA, GA 30009 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-102396647-70855008

COLLATERAL

EQUIPMENT: ALL EQUIPMENT DESCRIBED BELOW TOGETHER WITH ALL PARTS, ACCESSORIES, ATTACHMENTS, SUBSTITUTIONS, REPAIRS, IMPROVEMENTS, AND REPLACEMENTS AND ANY AND ALL PROCEEDS THEREOF, INCLUDING WITHOUT LIMITATION, INSURANCE PROCEEDS.
2024 HITACHI ZX30U-5N PRE EXCAVATOR S/N HCMADQ60H00270021