

# UCC-1 Form

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## 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**

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## DEBTOR INFORMATION

*Org. Name:* **COSCO, LLC**

*Mailing Address:* **707 PARK EAST DRIVE**

*City, State Zip Country:* **WOONSOCKET, RI 02895 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **TOYOTA INDUSTRIES COMMERCIAL FINANCE, INC.**

*Mailing Address:* **P.O. BOX 9050**

*City, State Zip Country:* **DALLAS, TX 75019-9050 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-102572565-70941034**

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## COLLATERAL

ONE (1) TOYOTA FORKLIFT MODEL # 50-8FG40U SERIAL #50-8FG40U-11180 ATTACHMENT CASCADE SSFP