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: **FLOCK TEX, INC.**

Mailing Address: **200 FOUNDERS DRIVE**

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

SECURED PARTY INFORMATION

Org. Name: **BFG CORPORATION**

Mailing Address: **2801 LAKESIDE DRIVE SUITE 212**

City, State Zip Country: **BANNOCKBURN, IL 60015 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-102694590-70995823

COLLATERAL

ONE (1) ENCORE 2019 CROWN SC5215-30 FORKLIFT S/N 10132472; ONE (1) NEW 2024 CROWN V-FORCE TUBULARLM 18-90VTA-13 BATTERY S/N 75010001991