

# 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: **BRADFORD SOAP INTERNATIONAL, INC.**

Mailing Address: **200 PROVIDENCE STREET**

City, State Zip Country: **WEST WARWICK, RI 02893 USA**

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## SECURED PARTY INFORMATION

Org. Name: **CROWN EQUIPMENT CORPORATION**

Mailing Address: **44 S. WASHINGTON STREET**

City, State Zip Country: **NEW BREMEN, OH 45869 USA**

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## TRANSACTION TYPE: STANDARD

## CUSTOMER REFERENCE: RI-0-103375168-71304990

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## COLLATERAL

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