

# 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:* **ED FRENCH & SON, INC.**

*Mailing Address:* **1 FRENCH WAY**

*City, State Zip Country:* **WESTERLY, RI 02891 USA**

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## 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**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-103527078-71372450**

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## 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 ZX35U-5N EXCAVATOR S/N HCMADG60C00305241 TO INCLUDE 2024 WERK BRAU COUPLER S/N 48585; 2024 WERK BRAU HYDRAULIC KIT S/N 533044; 2024 WERK BRAU 24" BUCKET S/N 129868-60040-3; 2024 WERK BRAU THUMB S/N 129868-40000-3; 2024 WERK BRAU 36" GRADE BUCKET S/N 147708-30030-1