

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: **PROSCAPE LANDSCAPING MANAGEMENT, CORP.**

Mailing Address: **342 COMPASS CIRCLE UNIT D-4**

City, State Zip Country: **NORTH KINGSTOWN, RI 02852 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-0-103709531-71460272

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. 2025 HITACHI ZX35U-5N BC EXCAVATOR S/N HCMADG60V00305502 TO INCLUDE 2025 WERK BRAU ZX35 OEM 24" BUCKET S/N 151958-20030-4; 2025 WERK BRAU ZX35 OEM HYDRAULIC THUMB S/N 151958-10000-4