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: **STIXMAN CONSTRUCTION, INC.**

Mailing Address: **PO BOX 869**

City, State Zip Country: **BLOCK ISLAND, RI 02807 USA**

Last Name (i.e. Family Name or Surname): **KILDEA** *First Name:* **MARK** *Middle Name:* **J**

Mailing Address: **PO BOX 869**

City, State Zip Country: **BLOCK ISLAND, RI 02807 USA**

SECURED PARTY INFORMATION

Org. Name: **KUBOTA CREDIT CORPORATION, U.S.A.**

Mailing Address: **PO BOX 2046**

City, State Zip Country: **GRAPEVINE, TX 76099 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-103992830-71605486

COLLATERAL

KUBOTA U55-5R3AP KBCDZ57CLR3E14544 *EXCAVATOR WRUB TKSAC CABAN;KUBOTA K7937B NA *HYDRAULIC THUMB;