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: **TOP NOTCH TREE, LLC**

Mailing Address: **44 SMALL POX TRL**

City, State Zip Country: **WEST KINGSTON, RI 02892 USA**

Last Name (i.e. Family Name or Surname): **PANCIERA** *First Name:* **CHARLES** *Middle Name:* **EDWARD** *Suffix:* **III**

Mailing Address: **44 SMALL POX ROAD**

City, State Zip Country: **WEST KINGSTON, RI 02892 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-0-104362400-71797607

COLLATERAL

KUBOTA SVL75-3HFWC KBCZ053CPR1E25424 15 TRKSCABHYD QAHIFLOW;KUBOTA AP-HD74LLC NA *74HD LPLF BUCKET WBOE;