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: **A CUT ABOVE LAWN CARE, LLC**

Mailing Address: **251 EXETER ROAD**

City, State Zip Country: **N. KINGSTON, RI 02852 USA**

SECURED PARTY INFORMATION

Org. Name: **ISUZU FINANCE OF AMERICA, INC**

Mailing Address: **2500 WESTCHESTER AVE., SUITE 312**

City, State Zip Country: **PURCHASE, NY 10577 USA**

TRANSACTION TYPE: **STANDARD**

ALTERNATIVE DESIGNATION: **LESSEE-LESSOR**

CUSTOMER REFERENCE: **RI-0-104374007-71803322**

COLLATERAL

ONE (1) CONYER'S 14' DRY VAN BODY SERIAL# VB148596 042325B MOUNTED ON ONE (1) 2025 ISUZU NPR-HD VIN 54DC4W1D4SS205197