

UCC-1 Form

FILER INFORMATION

Full name: **LISA SCHUVER**

Email Contact at Filer: **LISA.SCHUVER@HALLMARK.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **LISA SCHUVER, LEGAL ANALYST, HALLMARK CARDS, INCORPORATED**

Mailing Address: **2501 MCGEE TRAFFICWAY, MD 339**

City, State Zip Country: **KANSAS CITY, MO 64108 USA**

DEBTOR INFORMATION

Org. Name: **CVS PHARMACY, INC.**

Mailing Address: **ONE CVS DRIVE**

City, State Zip Country: **WOONSOCKET, RI 02985 USA**

SECURED PARTY INFORMATION

Org. Name: **HALLMARK MARKETING COMPANY, LLC**

Mailing Address: **2501 MCGEE TRAFFICWAY, MD 339**

City, State Zip Country: **KANSAS CITY, MO 64108 USA**

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: CONSIGNEE-CONSIGNOR

CUSTOMER REFERENCE: LMS - CVS

COLLATERAL

INVENTORY WHEREVER LOCATED CONSISTING OF GREETING CARDS, GIFT WRAP, STATIONERY AND RELATED PRODUCTS PRODUCED BY HALLMARK MARKETING COMPANY, LLC AND BEARING THE HALLMARK® TRADEMARK OR OTHER TRADEMARKS ASSOCIATED WITH PRODUCTS PRODUCED OR DEVELOPED BY HALLMARK CARDS, INCORPORATED OR HALLMARK MARKETING COMPANY, LLC, AND THE CASH PROCEEDS THEREFROM.