

# 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:* **H & I CUSTOM REMODELING, INC.**

*Mailing Address:* **6655 POST RD**

*City, State Zip Country:* **NORTH KINGSTON, RI 02852 USA**

---

## SECURED PARTY INFORMATION

*Org. Name:* **SEARS AUTHORIZED HOMETOWN STORES, LLC**

*Mailing Address:* **5500 TRILLIUM BLVD. SUITE 501 E5-138A**

*City, State Zip Country:* **HOFFMAN ESTATES, IL 60192 USA**

---

## TRANSACTION TYPE: STANDARD

**ALTERNATIVE DESIGNATION: CONSIGNEE-CONSIGNOR**

**CUSTOMER REFERENCE: RI-0-72127758-57928949**

---

## COLLATERAL

ALL GOODS AND MERCHANDISE DELIVERED ON CONSIGNMENT BY SEARS AUTHORIZED HOMETOWN STORES, LLC, INCLUDING BUT NOT LIMITED TO, POWER AND MANUAL TOOLS, FLOOR CARE EQUIPMENT, KITCHEN AND LAUNDRY APPLIANCES, AUTOMOTIVE ACCESSORIES, LAWN AND GARDEN EQUIPMENT, HOME ELECTRONICS, PLUMBING AND HEATING EQUIPMENT, AND OTHER MERCHANDISE DELIVERED FROM TIME TO TIME, PROCEEDS FROM THE SALE OF SUCH GOODS, AND DEPOSIT ACCOUNT(S) CONTAINING SUCH PROCEEDS.