

# UCC-1 Form

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## FILER INFORMATION

*Full name:* **ALESIA HOUSETON**

*Email Contact at Filer:* **ALESIA.HOUSETON@MAKINO.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **MAKINO INC.**

*Mailing Address:* **7680 INNOVATION WAY**

*City, State Zip Country:* **MASON, OH 45040 USA**

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## DEBTOR INFORMATION

*Org. Name:* **H.B. PRECISION PRODUCTS, INC.**

*Mailing Address:* **21 LARK INDUSTRIAL PARKWAY**

*City, State Zip Country:* **GREENVILLE, RI 02828 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **MAKINO INC.**

*Mailing Address:* **7680 INNOVATION WAY**

*City, State Zip Country:* **MASON, OH 45040 USA**

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## TRANSACTION TYPE: STANDARD

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## COLLATERAL

ONE (1) MAKINO MACHINE WITH SERIAL NUMBER W150949, ALONG WITH ALL ATTACHMENTS